

CLEARWATER APPRENTICE APPLICATION

Applicants will be interviewed by phone, selected by the captains, and notified at least one month ahead of the expected time of embarkation.

Name		Age
Address		
City	State Zip	
Phone (Day) ()	Phone (Evening) ()	
Email		
1st Choice Crewing Month	2 nd Choice	3 rd Choice
How did you find out about/be	come interested in the CLEARWATE	ER apprenticeship program?
What skills do you have that cou	uld be useful to the CLEARWATER o	aptain, educator, and crew?
Do you have any prior boating of	or education experience?	
What do you hope to gain from	this experience?	
Emergency Contact Person:		
Name	Relationship	
Address		
City	State Zip	
Phone (Day) ()	Phone (Evening) ()	
Email		
APPLICANT'S SIGNATURE		
PARENT/GUARDIAN SIGNA	ATURE (for applicants under the age of	18)
D.A.M.T.		