



**CHILDREN'S
MARITIME
FOUNDATION**

Volunteer Application

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Best Time To Call: _____

Health Ins. Carrier: _____ Policy/Group Number: _____

Training/ Certifications

- First Aid/CPR Expires: _____
- Captain's License Expires: _____
- Wilderness First Aid Responder Expires: _____
- AB Seaman Expires: _____
- ARC Lifeguard Expires: _____

What skills can you bring to the American Pride? (Sailing, maintenance, working with children, etc.)

What do you hope to gain from volunteering with the American Pride?

I am available for volunteer work:

- Weekends Weekdays Winter Summer Year Round Other: _____

Are you currently employed?

- Yes, part-time Yes, full-time No, Retired Other: _____

Employer: _____

Areas of Interest:

- Maintenance _____
- Painting _____
- Teaching _____
- Electrical _____
- Sailing _____
- Other: _____
- Office help _____
- Carpentry _____

Thank you for taking the time to fill out our application.

Please return to

Volunteer Coordinator at:

Children's Maritime Foundation

4676 Lakeview Ave #109-E Yorba Linda, CA 92886

(714) 970-8801office • (714) 970-8474 Fax

email volunteer@americanpride.org