



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: _____ AB Seaman Expires: _____
 Captain's License Expires: _____ ARC Lifeguard Expires: _____
 Wilderness First Aid Responder 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 _____ Electrical _____ Office help _____
 Painting _____ Sailing _____ Carpentry _____
 Teaching _____ Other: _____

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

email volunteer@americanpride.org