



SailMaine

SailMaine Volunteer Application

58 Fore Street
Portland, Maine 04101
telephone: (207) 772-7245
fax: (888) 674-7245
www.sailmaine.org

First Name: _____ Last Name: _____
Street: _____ Home Phone: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
Email: _____ Gender: OF OM

I would like to volunteer for:

Maintenance (Grounds Clean-up, Boat Repair, Construction, &c.) _____
On The Water (Sailing, Coaching, Race Committee, &c.) _____
Special Events (Regatta, Open House, &c.) _____
Other _____

Availability:

Week Day Morning
 Weekend Afternoon

Please describe experiences/qualifications relevant to volunteering with SailMaine:

Please describe any medical training (e.g. CPR, MD, RN, AD):

Please describe why you wish to volunteer with SailMaine:

Please provide one personal or professional reference:

First Name: _____ Last Name: _____
Home Phone: _____ Work Phone: _____
Email: _____ Relation: _____

Agreement and Signature

By submitting this application, I _____ affirm that the above facts are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature Date

Thank you for your interest in SailMaine!