

# Saint Croix Sailing School

PO Box 732  
Hudson, WI 54016

## Sailing Instructor Application

*Please complete this application form and mail it to the address above or e-mail to [Lee@saintcroixsailingschool.org](mailto:Lee@saintcroixsailingschool.org)*

### Personal Information

Name: \_\_\_\_\_

Current/School Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ School or Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

### Position Desired

*Please indicate any preferences for type of boat or class level.*

420 \_\_\_\_\_ Opti \_\_\_\_\_ Laser \_\_\_\_\_ No preference \_\_\_\_\_

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Racer \_\_\_\_\_ No preference \_\_\_\_\_

Date you can start \_\_\_\_\_ Last day you are available: \_\_\_\_\_ Full-time \_\_\_\_ Part-Time \_\_\_\_

Days/Weeks you are unavailable during summer season: \_\_\_\_\_

Sailing Certification: Yes \_\_\_\_ Level \_\_\_\_\_ No \_\_\_\_

### Sailing and Power Boating History

Boat Type	Sailing/Racing	Skipper/Crew	Teaching	Years Experience

### Work/Volunteer Experience

Position	Employer	Date	Brief Description

**References we may contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Education**

	School Name	Years Attended	Did you graduate?	Major
High School				
College				
Other				

**Describe why you want to be an instructor at SCSS and what you feel you can bring to the program?**

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**What are your strengths?** \_\_\_\_\_

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**What do you want to gain/learn from this experience?** \_\_\_\_\_

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**Additional Information You Want to Add?**

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*I certify that the facts contained in this application are true and complete to the best of my knowledge.***Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_ 9/2009