

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

Personal Information

Name: _____ Date of Birth _____

Current/School Address: _____

City, State, Zip _____

Permanent Address: _____

City, State, Zip _____

Cell: _____ E-mail: _____

Position Desired

Please indicate all 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: _____

Days/Weeks you are unavailable during summer season: _____

Sailing Certification: Yes _____ Level _____ No _____

Do you have CPR certification? Yes _____ No _____ Date/Place of certification _____

Have you taken a first Aid training class? Yes _____ No _____ Date/Place of training _____

Sailing and Power Boating History (use back of page or additional page if necessary)

Boat Type	Sailing/Racing	Skipper/Crew	Teaching	Years Experience

Work/Volunteer Experience (use back of page or additional page if necessary)

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?

What are your strengths? _____

What do you want to gain/learn from this experience? _____

Additional Information You Want to Add?

*I certify that the facts contained in this application are true and complete to the best of my knowledge.***Signature:** _____**Date:** _____ 3/2011