

THE SCHOONER ZODIAC

INTERNSHIP APPLICATION

NAME: _____ MALE ___ FEMALE ___

PHONE: _____ EMAIL: _____

ADDRESS: _____

MOST RECENT SCHOOL ATTENDED (IF APPLICABLE): _____

DEGREE: _____

SAILING OR BOATING EXPERIENCE: _____

LIST ANY CERTIFICATIONS/ LICENSES THAT YOU HAVE OR ARE CURRENTLY WORKING TOWARD: _____

DO YOU HAVE ANY TALL SHIP EXPERIENCE? _____

WHAT DO YOU HOPE TO GAIN FROM YOUR WORK EXPERIENCE AS AN INTERN ON ZODIAC? _____

LIST YOUR EXPERIENCE WORKING WITH YOUTH: _____

LIST YOUR EXPERIENCE WORKING WITH ADULTS/SENIORS: _____

LIST ANY SKILLS YOU MAY HAVE THAT MIGHT BE USEFUL AS AN INTERN ABOARD A TALL SHIP: _____

CREWING ABOARD A TALL SHIP REQUIRES OCCASIONAL STRENUOUS LABOR; HAULING ON LINES, CLIMBING ALOFT, LIFTING BENDING... DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MIGHT AFFECT YOUR ABILITY TO WORK ON A TALL SHIP? _____

DO YOU HAVE ANY RESERVATIONS ABOUT LIVING AND WORKING IN CLOSE CONDITIONS WITH MIXED GENDERS? _____

ARE YOU ABLE TO ARRANGE TRANSPORTATION TO THE SHIP? _____

WHAT LENGTH OF TIME ARE YOU ABLE TO COMMIT TO THE INTERNSHIP PROGRAM?

MAY/JUNE _____ JULY/ AUGUST _____ SEPT/ AUG _____

WHAT ARE YOUR FUTURE PLANS? _____

LET US KNOW ABOUT YOUR INTERESTS AND HOBBIES: _____

DO YOU HAVE A CURRENT PASSPORT? _____

DO YOU HAVE CURRENT FIRST AID/ CPR CARD? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

THE ZODIAC IS A ZERO TOLERANCE VESSEL; ALL CREW ARE SUBJECT TO RANDOM DRUG TESTING. PAST ILLEGAL DRUG INCIDENTS WILL DISQUALIFY CREW MEMBERS AND INTERNS FROM CONSIDERATION.

PLEASE LIST AT LEAST THREE SOURCES, WHICH ARE NOT RELATED TO YOU, WHOM WE MAY CONTACT FOR PROFESSIONAL REFERENCES.

NAME:	RELATIONSHIP	YEARS KNOWN	CONTACT INFO
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PLEASE MAIL (OR EMAIL) THIS APPLICATION TO:

THE SCHOONER ZODIAC
1221 HARRIS AVE PMB 2
BELLINGHAM WA 98225

INFO@SCHOONERZODIAC.COM

THANK YOU FOR YOUR INTEREST IN OUR SHIP.