

# THE SCHOONER ZODIAC

## INTERNSHIP APPLICATION

NAME: \_\_\_\_\_ FEMALE  MALE

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

MOST RECENT SCHOOL ATTENDED (IF APPLICABLE): \_\_\_\_\_

DEGREE(S) OBTAINED: \_\_\_\_\_

SAILING/ BOATING EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY LICENSES OR CERTIFICATIONS YOU HAVE OR ARE CURRENTLY WORKING TOWARD (CONCERNING MARITIME INDUSTRY): \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY TALL SHIP EXPERIENCE? YES / NO

PLEASE LIST YOUR EXPERIENCE (IF APPLICABLE) WORKING WITH YOUTH: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST YOUR EXPERIENCE (IF APPLICABLE) WORKING WITH ADULTS AND SENIORS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU ABLE TO ARRANGE FOR TRANSPORTATION TO THE SHIP? YES / NO

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? (IF SO PLEASE MENTION HERE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY RESERVATIONS ABOUT WORKING AND LIVING IN CLOSE CONDITIONS WITH MIXED GENDERS? YES / NO

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

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\_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM YOUR EXPERIENCE AS AN INTERN ABOARD THE ZODIAC?

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WHAT ARE YOUR FUTURE PLANS? \_\_\_\_\_

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WHAT LENGTH OF TIME DURING THE SUMMER ARE YOU ABLE TO COMMIT TO THE ZODIAC?  
TYPICAL POSITIONS RUN FOR TWO MONTHS: (MAY-JUNE / JULY- AUGUST / SEPT.- OCT. )

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PLEASE LET US KNOW ABOUT SOME OF YOUR OTHER INTERESTS AND HOBBIES: \_\_\_\_\_

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DO YOU HAVE HEALTH INSURANCE? YES / NO (THIS DOES NOT AFFECT YOUR CANDIDACY TOWARD INTERNSHIP)

DO YOU HAVE CURRENT FIRST AID/CPR CERTIFICATION? YES / NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO (IF SO, PLEASE LIST WITH EXPLANATION)

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***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 THAT ARE NOT RELATED TO YOU, WHOM WE MAY CONTACT FOR REFERENCES:

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_ CONTACT INFORMATION (INCLUDE PH #) \_\_\_\_\_

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PLEASE MAIL THIS APPLICATION TO:

The vessel zodiac corporation  
1221 Harris Ave PMB #2  
Bellingham WA 98225

or

Attach in an Email to: info@schoonerzodiac.com