



Please complete the following form and return to Jessica Haverstock (Director of Operations) for season employment consideration. Email: director.lmss@gmail.com

PERSONAL INFORMATION:

Name (First and Last): _____

Date of Birth: _____

Phone Number: (_____) _____

Street Address, City, State, Zip: _____

Email: _____

POSITION/AVAILABILITY – Please review the LMSS Employee Eligibility from available on the LMSS Website

Please give us a brief overview of your experiences interacting with children ages 6 – 18. Do you work well with a particular age group, why?

Are you planning on enrolling in any classes during the summer? Y/N (LMSS encourages employees to participate in classes when possible)

If so, which one(s) _____

Are you planning on sailing in any regattas that might require taking time away from coaching? Do you have any summer commitments that may interfere with a coaching schedule?

What date are you available to start work? What date do you need to be finished for the season (approximately)?

Start: _____ Finish: _____

Ideally, how many hours a week are you looking to work w/LMSS? _____

EDUCATION:

High School

School Name: _____

Address: _____

Degree/Diploma: Yes / No Graduation Date: _____

College, Technical School, Post Graduate, Masters or PhD.

School Name(s): _____

Address: _____

Degree/Diploma: Yes / No Graduation Date(s): _____

SKILLS AND QUALIFICATIONS:

Licenses, Certifications, Training, etc. Please provide further explanation where necessary.

Certifications

___ Level 1 US Sailing Certification

___ Level 2 US Sailing Certification

___ CPR/First Aid (must be current)

___ Valid Driver's License

Skills

___ Ability to operate small motorboats

___ Ability to troubleshoot outboard motors

___ Fiberglass repair

___ Previous experience working w/children

Other: _____

References: please include 2 (cannot be family member)

1. Name: _____

Relationship: _____ Phone: (_____) _____

Address: _____

2. Name: _____

Relationship: _____ Phone: (_____) _____

Address: _____

Legal History: Have you ever been convicted of a crime? Y/N (If yes, please include details on separate sheet)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____