Community Boating Center 1641 Padanaram Avenue New Bedford, MA 02748

PH: (508) 992-6219 Fax: (508) 999-3320

Please Send Application/Resume to CBC Program Director at JPimentel@communityboating.org



For Office Use Only
Date Received
Interview Date
Decision

2014 Youth Sailing Instructor Application and Questionnaire

Any sections that are highlighted must be completed. If you have a resume that covers information requested in the white or non-highlighted sections, you may attach it to this application in lieu of completing those sections.

PERSONAL INFORMATION	
Name:	email:
Current/School Address:	
Permanent Address:	
PH: (h) (w)	(c)
	2-17 Level: Beginner Intermediate
Desired Pay Rate:	
Date you can start:	Last day you are available:
Are you available to work: Full Time	Part Time Temporary
Are you currently employed? Yes	No
If so, may we inquire of your present em	ployer? Yes No
Have you ever applied to CBC before? Ye	es No If yes, when?

EDUCATION

	School Name	Years Attended	Did you Graduate?	Major
Secondary				
High School				
College				
Other				

INSTRUCTION EXPERIENCE AND HISTORY

Training: US SAILING	
Level 1 Instructor Yr Cert	Level 2 Coach Yr Cert
Level 3 Coach/Head Inst Yr Cert.	Safe Powerboat Handling Yr Cert
Other	
Years of sailing instruction experience as: Head In	nstructor / Coach Instructor / Coach
ARC First Aid Mo/Yr ARC or	Amer. Heart Assoc. CPR Mo/Yr
SPECIAL SKILLS AND TRAINING	
Please list any other special skills and/or training th	nat you have and feel would be applicable:
SAILING AND POWERBOATING HISTORY	
Please list the types of sailboats and newerheats w	with which you have experience.

Please list the types of sailboats and powerboats with which you have experience:

Boat Type	Sailing/Racing	Skipper/Crew	Teaching	Years Experience

FORMER EMPLOYERS

Date

List below your last three employers, starting with your most recent one first:

Salary

Position

Reason for Leaving

Business/Supervisor

(from/to)			
REFERENCES THAT	WE MAY CONTACT: A least	one employer requir	ed
Name:	Ph:	Email:	Relation:
Name:	Ph:	Email:	Relation:
Name:	Ph:	Email:	Relation:
Why do you want to b	be a CBC Sailing Instructor and	what do you feel you co	ould bring to the program?
What are your streng	ths as a sailing		
instructor?			

What are your weaknesses as a sailing instructor?
What kind of program and teaching experience are you looking for, and what do you hope to gain from this experience?
Please feel free to use the back of this application, or to add any additional information you want to provide.
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.
Date: Signature: