



Ohio Department of Natural Resources
 Division of Watercraft
 (614) 265-6480
 1-877-4BOATER (Ohio only)



Volunteer Application

Personal

LAST NAME FIRST NAME M.I.

STREET ADDRESS CITY STATE ZIP CODE COUNTY

DAY PHONE EVENING PHONE

If under 18 years of age, give name of parent or guardian:

LAST NAME FIRST NAME M.I.

Person to notify in case of emergency:

LAST NAME FIRST NAME M.I.

STREET ADDRESS CITY STATE ZIP CODE

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DAY PHONE EVENING PHONE

Employment

CURRENT EMPLOYER

Job Title and Duties Performed:

Length of Employment: From ___/___ to ___/___

Education

HIGHEST EDUCATION LEVEL ACHIEVED SCHOOL

Other training (Specify):

List any qualifications, skills, or interests, particularly those applicable to boating:

MORE ON BACK...

Experience

Type of Boating Experience (Years):

_____ Sailing _____ Paddling _____ Powerboating _____ Rowboat _____ Skiing

Swimming Ability: Excellent Good Nonswimmer

References

Please list two personal references:

LAST NAME	FIRST NAME	M.I.	OCCUPATION	()	-
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE

LAST NAME	FIRST NAME	M.I.	OCCUPATION	()	-
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE

Your Areas of Interest

Please check any areas of interest:

- Boating Safety Classes
- Special Events/Ohio State Fair
- Administrative/Clerical
- River and Water Rescue
- Skill Development in Powerboating
- Skill Development in Sailing
- Skill Development in Paddling
- Law Enforcement Support
- Ohio Boating Education Course Instructor
- Any/Other: _____

Period of Availability:

From ____ / ____ / ____ to ____ / ____ / ____

Hours you would be available:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Please explain why you want to participate in the ODNR Division of Watercraft's Volunteer Program.

What do you expect to gain from this experience?

SIGNATURE OF APPLICANT

DATE