

**Association for the Preservation of the Presidential Yacht
Potomac**

P.O. Box 2064 • Oakland, CA 94604 • Office: (510) 627-1215 •
24 Hour Information (510) 627-1502

VOLUNTEER APPLICATION

[Please Print]

Tell us about yourself: DOB (*Optional*): Month _____ Day _____ (*For Birthday Club use only.*)

Title: (Select One) Ms Mrs. Mr. Dr.

First Name: _____ Last Name: _____

How can we reach you?

Address: _____

City: _____ Zip: _____

Phone: Day: (____) _____ Eve: (____) _____

Pager: (____) _____ FAX: (____) _____

E-mail: _____ Cell Phone: (____) _____

Emergency contact: _____

Phone number: (____) _____ Relationship: _____

Employment: Are you employed? Yes No

If yes, name of employer _____ Retired: Yes No

What association(s) are you currently volunteering with? _____

How did you hear about the Potomac Association?

Newspaper: _____ Television Magazine Book

Word-of-Mouth Other: _____

How did you hear about the Potomac ship? Newspaper: _____

Television Magazine Book Word-of-Mouth

Other: _____

Why do you want to volunteer with us? _____

What skills will you share with us?

- Administrative Data Entry Calligraphy Mailing Marketing/PR
- Photography Journalism Community Outreach
- Print Distribution Docent Education Fundraising
- Exhibit Curator Exhibit Installation First Aid/CPR
- Ship Maintenance Carpentry Painting
- Diesel Mechanic Licensed Deckhand Licensed Chief Engineer
- Licensed Captain (500 Tons minimum)
- Bi-lingual Language(s) _____
- Other skills: _____

Tell us about your interest availability:

Cruises: Yes No Which Day(s): Thurs. Sat.

All Day (6.5 hrs.): Yes No 10AM (2.5 hrs.): Yes No

1:30PM (2.5 hrs.): Yes No

Dockside Tours Yes No Which Day(s): Sun. Wed. Fri.

Preference of Tour Groups: Yes No Senior School

Physical Condition:

Are you Physically Challenged? Yes No

If Yes, in what way? _____

Are you able to lift and carry 25 or more pounds? Yes No

Are you able to stand for 2 hours or more? Yes No

Do you have any medical conditions/restrictions that we should know about?

Yes No If so, please explain: _____

SIGNATURE

DATE

Resume Optional

For Office use Only	
Training paid: / /	1 st Training Session: / /
2 nd Training Session: / /	
1 st Shadow: / /	With: _____
2 nd Shadow: / /	With: _____
Evaluated on: / /	
Evaluator: _____	