



Los Angeles Maritime Institute
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 310.833.6055 | info@lamitopsail.org | lamitopsail.org



VOLUNTEER INFORMATION FORM

(Please print legibly. If we cannot read your writing, we cannot contact you!)

Personal Information

Name	Phone Circle type: Hm Wk Mobile	Date
Address	City	State Zip
Email		
Second Email and/or Phone Number (please specify type)		

Date you attended orientation (if different than above): _____

How did you hear about LAMI? _____

Special Skills and Interests (please check all that apply or that you wish to learn)

<input type="checkbox"/>	Sailing with Youth	<input type="checkbox"/>	Diesel Mechanic	<input type="checkbox"/>	Office Projects
<input type="checkbox"/>	Training Programs	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Web Design
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Website Maintenance
<input type="checkbox"/>	Canvas/Sail Repair	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Food Preparation
<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>	Retail

Occupation (current and/or previous): _____

U.S. Coast Guard License or certification(s): _____

Other license(s) and/or certification(s) (eg. CPR/1st Aid): _____

Any limitations? _____

Availability (please check all that apply)

<input type="checkbox"/>	Week days	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	Over-nights	<input type="checkbox"/>	Multi-day Voyages
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Emergency Contact Information

Name	Relationship	Phone Number(s)
Social Security # (optional)	Driver's License # (optional)	Birthday

Additional Information (medical concerns such as allergies, special health concerns, medications, food preferences (vegetarian, gluten allergy, etc.): _____

Tell us a little about yourself. What drew you to LAMI? What would you like to accomplish here? _____

Signature

Date