



Shipwright Apprenticeship Application

Please answer all applicable questions. Feel free to use the space provided or attach a second sheet if needed.

Name: _____

Phone: () _____ E-Mail: _____

Please list your boat building school training and/or other related experience:

Please write a short paragraph on why you are interested in participating in this program:

Please list 2 instructor or employee references and a number where they can be reached:

1. _____

Phone: () _____

2. _____

Phone: () _____

Please list 2 character references, their relationship to you and a number where they can be reached:

1. _____

Phone: () _____

2. _____

Phone: () _____

Although it is not required, would you be willing to visit the Chesapeake Bay Maritime Museum for an interview if you are considered for the program?

Please use this space for anything else you'd like to add:

Please send your completed application to:

Richard Scofield
Boat Yard Manager
PO Box 636
St. Michaels, MD
21663-0636

Phone: 410-745-2916 ext. 136

Fax: 410-745-6088

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