



## 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:

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

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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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