

Oregon State Marine Board

BOAT OREGON VOLUNTEER INSTRUCTOR APPLICATION

PERSONAL INFORMATION

NAME: _____ BOATER ED CARD #: _____

OTHER NAMES (AKA): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

STREET ADDRESS (if different): _____

CITY/STATE/ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

E-MAIL ADDRESS: _____ FAX #: _____

NAME OF EMPLOYER: _____ OCCUPATION: _____

HOW LONG WITH EMPLOYER? _____ BEST WAY TO CONTACT YOU? _____

WORK ADDRESS: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

HAVE ANY CONVICTIONS? (DMV or Criminal convictions) Yes No

IF YES, PLEASE EXPLAIN:

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

DATE OF BIRTH: _____ SSN #: _____ - _____ - _____

CIRCLE HIGHEST EDUCATION LEVEL: High School - College 1 2 3 4 - Post Graduate

DEGREE EARNED (if any): _____

BOATING EXPERIENCE:

NUMBER OF YEARS OF BOATING EXPERIENCE: _____

DESCRIBE YOUR BOATING EXPERIENCE (INCLUDING TYPES OF BOATS OPERATED):

DO YOU HAVE ANY FORMAL TRAINING IN BOATING? IF YES, PLEASE LIST THE COURSES YOU HAVE TAKEN.

DO YOU BELONG TO ANY ORGANIZATION OR CLUB INVOLVED IN BOATING EDUCATION, RECREATION OR WATER-BASED ACTIVITIES? IF YES, PLEASE LIST.

DO YOU CURRENTLY OWN AND OPERATE A BOAT?

TEACHING INFORMATION:

LIST DETAILS OF YOUR TEACHING OR PUBLIC SPEAKING EXPERIENCE THAT MEET THE MINIMUM QUALIFICATION OF 40 HOURS OF EXPERIENCE (PROVIDE COPIES OF APPLICABLE CREDENTIALS)

LIST CITIES/COUNTIES WHERE YOU WOULD LIKE TO OFFER A COURSE. HOW MANY COURSES PER YEAR WOULD YOU BE WILLING TO TEACH?

WHY DO YOU WANT TO BECOME A BOAT OREGON INSTRUCTOR?

PLEASE LIST PREVIOUS **VOLUNTEER** EXPERIENCE:

I understand that this application is subject to a criminal violation and record check conducted by Oregon State Police or other appropriate law enforcement agencies. The Marine Board reserves the right to not process the application further based on information provided by the record check.

If my application is approved, I will agree to attend an Oregon State Marine Board Boat Oregon Instructor Training Course. I further agree that I will not knowingly graduate any person from a course I teach who has not met all the requirements necessary for meeting Oregon mandatory boater education requirements. I realize that the Oregon State Marine Board may, at its discretion, revoke my “approved course provider status” at any time that it is in the best interest of the State to do so.

SIGNATURE: _____

DATE: _____

RETURN TO: Oregon State Marine Board
Boater Education
PO Box 14760
Salem, OR 97309

FOR QUESTIONS CALL:
MariAnn Koloszar
Mandatory Boater Education Coordinator
503-378-5158

FOR DEPARTMENT USE ONLY:

APPLICATION RECIEVED: _____ APPROVED FOR TRAINING? Yes No

CERTIFIED BY: _____ DATE: _____ TEST: PASSED FAILED