

PROGRAM CAPABILITY INVENTORY

I want to assist our young adults in the Sea Scouting program. I understand that if they decide they want to explore my profession, hobby, or interest, an appointment will be made with me in advance.

Name _____

Address _____

Town/City _____ State _____ ZIP _____

Phone (Home) _____ Phone (Work) _____ E-Mail Address _____

Position _____ with (firm) _____

How many Sea Scouts can your family vehicle transport in addition to the driver? _____

Do you have a pick-up truck or a van? _____

Do you have a vehicle with a trailer hitch? _____ If yes, type of vehicle, type of trailer hitch, ball size _____

Do you have any engine mechanic skills? _____ Do you have any carpentry skills? _____

Do you have a family boat? _____ What kind? _____ Where is it kept? _____

Would you be willing to take our Sea Scouts out boating? _____

Do you have any special knowledge (astronomy, weather, waterskiing, navigation, photography, amateur radio, sailing, crabbing, fishing, knots and ropework, marine biology, etc.) that you would be willing to share with our Sea Scouts? _____

Membership (clubs, associations, fraternal groups, etc.) _____

Do you know anyone with a dock or boat slip where Sea Scouts might dock one of their boats? _____

Contacts: (men or women you know who may be willing to share their interests or skills) _____

Thank you for your willingness to assist our young men and women in exploring new fields of interest.

Please return to: