



L1-ITA
10/2003

SMALL BOAT SAILING LEVEL 1 INSTRUCTOR TRAINER APPLICATION

(Please type or print)

COURSE LOCATION _____ COURSE DATE (___ / ___ / ___)

NAME _____ TODAY'S DATE (___ / ___ / ___)

ADDRESS _____
P.O. Box/Street City State Zip

PHONE _____ (B) _____ (R) _____ (Fax)

EMAIL _____ SOCIAL SECURITY # _____

DATE OF BIRTH (___ / ___ / ___) US SAILING MEMBERSHIP # (Required) _____

HEALTH STATUS ___ Excellent ___ Good ___ Receiving Treatment or Medication

If receiving treatment or medication, please explain _____

NOTE: If you have allergies or medical conditions which make it hazardous for you to participate in this activity, you must say so.

COLLEGE OR UNIVERSITY _____
Degree(s) held _____ year received _____
Major course of study _____

EMPLOYMENT HISTORY (Beginning with current employment and including dates, city, state and position held):

ORGANIZATION/CLUB	FROM	TO	CITY AND STATE	POSITION HELD

TRAINING EXPERIENCE AS PART OF YOUR EMPLOYMENT:

1. Do you train others? ___ Yes ___ No If yes, please specify: _____

2. What boats have you used to teach sailing? _____

3. Have you successfully completed a US SAILING Instructor Course? Yes No
Check the US SAILING courses you have completed, indicating year, location and name of Instructor Trainer.

COURSES	YEAR COMPLETED	LOCATION	INSTRUCTOR TRAINER(S)
<input type="checkbox"/> Small Boat Sailing			
<input type="checkbox"/> Small Boat Racing			
<input type="checkbox"/> Basic Keelboat			
<input type="checkbox"/> Level 1 Windsurfing			
<input type="checkbox"/> Powerboating			

4. Have you received any other formal training in instruction techniques? Yes No
If yes, please specify: _____

MANAGEMENT EXPERIENCE:

1. Do you have management responsibilities
 - a) at work? Yes No If yes, please specify _____
 - b) of a voluntary nature? Yes No If yes, please specify _____
 - c) Other. Yes No If yes, please specify _____

SAILING EXPERIENCE:

1. How did you learn to sail? (check where appropriate) Self-taught Family/Friend Lessons
If lessons, type of program: Community Sailing School Yacht Club High School/College
 Other (please specify) _____ At what age? _____
List the types of boats you have sailed and know well and the position on the boat, i.e., [Thistle -- 4 years - crew].

BOAT TYPE	YEARS SAILING	POSITION ON BOAT

RACING EXPERIENCE (if any):

1. How many years have you raced?
2. List your 4 best regatta results from these categories: World, Continental, National, Collegiate, US SAILING, regional, club. (Example: 1983--Sunfish--N. American--8th--Skipper)

YEAR	CLASS	CHAMPIONSHIP	POSITION OVERALL	POSITION ON BOAT

SAIL ADMINISTRATION:

List any administrative positions you have held in sailing organizations or clubs beginning with the most recent.

SAILING PROGRAM INVOLVEMENT (beginning with most recent experience):

1. Have you been a Sailing Instructor? Yes No If yes, please give details. _____

2. Have you been a Program Director? Yes No If yes, please give details. _____

3. Have you been a Head Instructor? Yes No If yes, please give details. _____

4. Have you been a Racing Instructor? Yes No If yes, please give details. _____

5. Have you served on an Adult or Junior Sailing Committee? Yes No If yes, please give details. _____

COACHING EXPERIENCE:

If you have coached a team at the high school, collegiate, national, or international levels, please give details. _____

SAFETY:

1. Can you swim 50 yards in sailing clothing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. CPR: Name of Organization _____	Expires: _____	
3. FA: Name of Organization _____	Expires: _____	
4. Are you proficient in driving a safety boat, including docking, rescue and towing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have personal liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANTICIPATED GEOGRAPHICAL LOCATION OVER NEXT 1-2 YEARS _____

REFERENCES: Please list two references (name, address, phone, relationship to you), who are familiar with your sailing, teaching and employment history.

NAME	ADDRESS	PHONE (work/home)	EMAIL	RELATIONSHIP TO YOU

SELF ASSESSMENT

Please assess your degree of knowledge for each of the following items by checking the appropriate box:

1 - Have much expertise 2 - Feel comfortable 3 - Know little or nothing

Degree of Knowledge	1	2	3
1. Using learning objectives to assess learning needs			
2. Measuring learning outcomes			
3. Assessing learning needs of students and applying them to course planning			
4. Planning site logistics			
5. Developing a lesson plan			
6. Using steps in teaching when conducting a course			
7. Monitoring classroom teaching and giving feedback			
8. Answering technical questions on sailing theory			
9. Answering technical questions on weather			
10. Answering technical questions on teaching theory			
11. Understanding the factors involved with risk management			
12. Observing and evaluating students' sailing skills			
13. Observing and evaluating students' safety boat skills			
14. Providing corrective feedback for practical skills			
15. Controlling on-the-water instruction			
16. Assessing level of students' competencies			
17. Completing course evaluations			
18. Maintaining complete and accurate records			

BRIEF ESSAY: ON A SEPARATE SHEET OF PAPER, WRITE A SHORT ESSAY OUTLINING WHY YOU WANT TO BECOME AN INSTRUCTOR TRAINER (LIMIT--200 WORDS).

***If there are other accomplishments which you feel are important in being considered for this position (i.e., publications, lectures, etc.), please feel free to detail them on a separate sheet of paper.**

The Instructor Trainer Candidate assumes full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the Navigation Rules and racing rules, and other acts of sailors, or other representatives of the host location in connection herewith. The Instructor Trainer Candidate accepts that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and accepts all risks on land and at sea of participation in this program. The Instructor Trainer Candidate finally acknowledges that he/she has read the Small Boat Sailing Level 1 Instructor Trainer Course Information and Prerequisites Sheet and understands what is involved with this course.

Date _____ Applicant Signature _____

COURSE FEE

Payment will be accepted and processed only after acceptance of the application. The cost of the course is \$295 payable to US SAILING, (please add \$50 US SAILING membership fee if current membership is expired.)

___ I choose to pay by check/money order, and will mail in payment if notified that my application has been accepted.

___ If accepted, please charge a total amount of \$ _____ to my Visa ___ MasterCard ___ American Express ___

Card No. _____ Expiration Date _____

Signature _____

Return this application form to: US SAILING Training Programs, Box 1260, Portsmouth, RI 02871.

NOTE: Payment by check or money order must be received at least 3 weeks prior to the beginning of the course or a late fee of \$25 will be charged in addition to the course fee.

Applications will be reviewed by the IT Candidate Selection Committee and those candidates who are selected will be invited to attend. Candidates not selected will be notified in writing.