

NORTH SHORE HARBORMASTER
APPLICATION FOR BASIC HARBORMASTER TRAINING
2010

NAME: _____ DOB: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK: _____

EMAIL ADDRESS: _____

SPONSORING AGENCY: _____

POSITION: _____ TODAYS DATE: _____

Applicant must complete the following:

Inconsideration of my acceptance of NSHM training I, _____

Release the sponsoring agency and any other department/agency officially connected or associated with this program from any liability incase of illness or accident.

STUDENT SIGNITURE: _____

RESERVE/INTERMITTENT TRAINING: _____

(Provide copy of certification)

PLEASE RETURN TO:

ROSEMARY LESCH
39 SCHOOL STREET
ROCKPORT, MA 01966
FAX: 978-546-7297
PHONE: 978-546-9589

COURSES BEGINS DECEMBER 1, 2009 AT THE SALEM POLICE DEPARTMENT
6:30PM-9:30PM