



MARINEQUEST

UNCW University of North Carolina Wilmington

OCEANS Weekday Activity Counselor Application

Full Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Undergraduate School & Major: _____

Graduate School (if any) & Degree: _____

CPR/Lifeguard Certifications (if any) and date: _____

Moving Violations (date and type): _____

Experience working with youth: _____

Marine science experience: _____

Please list two references that have knowledge of your work ethic, leadership skills, and ability to work with youth:

Reference Name: _____

Mailing Address: _____

Phone: _____ Email: _____

How do you know this person: _____

Reference Name: _____

Mailing Address: _____

Phone: _____ Email: _____

How do you know this person: _____