



## Commissioner's Waterman Apprentice Program Application Packet

Applicant Last Name <input style="width: 95%;" type="text"/>	Applicant First Name <input style="width: 95%;" type="text"/>	Applicant Middle Initial <input style="width: 95%;" type="text"/>	ARE YOU UNDER 18 YEARS OLD? <input type="checkbox"/>
<b>IF UNDER 18 YEARS OLD PLEASE COMPLETE WITH PARENT / GUARDIAN INFORMATION</b>		Parent / Guardian Last Name <input style="width: 95%;" type="text"/>	Parent / Guardian First Name <input style="width: 95%;" type="text"/>
Day Phone number (home, school or cell) <input style="width: 95%;" type="text"/>			
Evening Phone # (home, school or cell) <input style="width: 95%;" type="text"/>			
Mailing Address <input style="width: 95%;" type="text"/>			
City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>	
Email Address: <input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

**Mentor Information:**  
VMRC is encouraging all Applicants to work with a Mentor during their Apprenticeship. Do you have a Mentor arranged?

Mentor Last Name <input style="width: 95%;" type="text"/>	Mentor First Name <input style="width: 95%;" type="text"/>	Mentor CFRL ID (If Applicable): <input style="width: 95%;" type="text"/>
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Mailing Address

City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zip Code <input style="width: 95%;" type="text"/>
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Phone Number <input style="width: 95%;" type="text"/>	Email Address: <input style="width: 95%;" type="text"/>
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**ADDITIONAL QUESTIONS: This section must be completed in a short paragraph form.**

Please tell us about your interest in the VMRC Commissioner's Apprentice Program and what fishery you are interested in.

**SELECT APPLICANTS WILL BE CHOSEN TO MOVE FORWARD INTO AN INTERVIEW PROCESS.**

**ACKNOWLEDGMENT**

The information that I have provided is accurate to the best of my knowledge and subject to validation by VMRC. I understand and agree that any misrepresentation, false statement or omission of a fact in my application may be justification for not being accepted into the VMRC Commissioner's Apprentice Program.

If selected for the VMRC Commissioner's Apprentice Program, I will comply with all rules, regulations, and policies of the program, as well as any additional rules the VMRC may provide to you. By signing this application, you agree to abide by these regulations if chosen for the program.

Applicant Signature	Applicant Print Name <input type="text"/>	Date Click or tap to enter a date.
Parent / Guardian Signature	Parent / Guardian Print Name <input type="text"/>	Date Click or tap to enter a date.

**Please return completed applications through email to:  
Commissioner@mrc.virginia.gov**

**Or through mail to:**  
Commissioner's Waterman Apprentice Program  
Virginia Marine Resources Commission  
380 Fenwick Rd Ft. Monroe, VA 23651

For Questions, please call (757) 247-2200