

PROGRAM CAPABILITY INVENTORY

Sea Scout Ship No	Organiz	zation	Date:		
chaperoning, counse	eling, and planning. W	inteers to serve as adviso 'e would like to know in wh de to call on you for help,	nich areas of interests, h	obbies, or contacts	you would be
(Please complete)					
Name:					
Address:					
City:			State	Zip	
		E-Mail:			
es! I would be willing	ng to help in the area	as designated below:			
Astronomy	Caving	Emergency Preparation _	Gourmet Cooking	Public Speaking	Snorkeling
Auto Mechanics	Computers	Equestrian	Ham Radio	Rappelling	Snow Skiing _
Backpacking	Communications	Fencing	Hunter Education	River Rafting	Swimming
Basketball	Conservation	First Aid	Mountaineering	Rock Climbing	Tennis
Bowling	Cooking	Fishing	Orienteering	Sailing	Watercraft
Camping Canoeing/Kayaking	Cycling	Foreign Culture Foreign Language	Photography Physical Fitness	Scuba Diving Shooting	Water Skiing World Travel
MEMBERSHIPS			<u>CONTACTS</u>		
Please list your clubs, associations, fraternal groups, etc.			Please list people that you would be willing to ask to share their careers, hobbies, or skills.		
	<u>SI</u>	PECIAL PROGRAM ASSI	<u>ISTANCE</u>		
I have a station wagon van or truck			I can help with leadership skills.		
I have a vehicle with a trailer hitch			I can help with		
I have family camping gear RV or pop-up camper.			career information I can help with		
I have access to a cottage or camping property.			vocational information I can help with community service projects.		
I have a workshop			I can help with fundraising projects.		
·	boat or airplane		•		