



SUMMER WORK & TRAVEL PROGRAM

Employment Offer Form

International YMCA
We build strong kids,
strong families,
strong communities.

Employer completes section 1.
Participant completes section 2.
Please type or print neatly!

Participant Name:

1. Employer Section

Company Information

Company Name SHEARWATER SAILING DBA 13-414-6235
 Address 225 BROADWAY, SUITE 3407
 City, State, Zip Code NY, NY 10007 Web Site www.shearwatersailing.com
 Name of Supervisor CLAIRE CHIROUTE ULLOA Title OPERATIONS MANAGER
 Telephone 212.619.3988 Fax 212.619.3988
 Mobile Telephone _____ E-mail manager@shearwatersailing.com

Job Information

Employment Site _____
 Address, City, State, Zip Code) same as above
 Employed from June to September Job Title Office assistant + deck hand?
 Job duties bookings, data entry, @ possibility to help aboard a sailing ship.
 Contact Name CLAIRE CHIROUTE ULLOA Telephone _____
 Wage per hour \$8-\$10 # of hours per week about 40 End of season bonus? Yes No (if yes, amount?) + tips when working on board.

Housing Information

Accommodations provided? Yes No Cost of accommodations per month/week _____ Amount of deposit _____
 Accommodations shared? Yes No Number per room _____ Other fees/expenses (linens, utensils, etc.) _____
 House/apartment owned by _____ Relationship to company _____
 If accommodations not provided, company will assist by _____
 Is transportation to and from work provided? Yes No (if no, describe options: we reimburse NY Metro Card.)

I certify that I am an employee of the above named company and am authorized to complete this document. I certify that the participant named above has been offered a temporary position with our company, that compensation is at the prevailing wage, and that all information is true. I understand that YMCA Summer Work & Travel participants may begin working and may be paid for their work upon providing a receipt that they have applied for a SSN and that a SSN is not required to begin working or to be paid. I agree to notify the YMCA if the participant changes the employment site, is terminated, leaves employment before the agreed upon date.

Signature

Name CLAIRE CHIROUTE ULLOA Title OPERATIONS MANAGER Telephone 212.619.0885
 Signature E-Mail manager@shearwatersailing.com Date 4/17/08

2. Participant Section

I understand that this job is not firm and may be revoked for reasons sufficient to the Employer at any time before or after I start working. I agree to work no more than four months in total. I understand that this job can be terminated at any time by myself (with two weeks notice) or by the Employer (for any legally permissible reason). I understand that my hours of work, duties and responsibilities may change at the sole discretion of the Employer.

Signature

Name _____ E-mail _____
 Signature _____ Date _____