Application Form for Calender Year 2027

Applicant's age shall be no less than 12 years of age at time of accepted application.

Intern Information:

IF UNDER 18 YEARS OLD PLEASE COMPLETE WITH PARENT / GUARDIAN INFORMATION WHERE APPLICABLE

Last Name:_____ First Name:_____MRCID (If Applicable):_____

Parent/Guardian Last Name:_____ Parent/Guardian First Name:_____

Mailing Address:_____

City:_____State:_____ Zip Code:_____

Phone Number:_____ Email Address:_____

Parent/Guardian Phone Number:_____

Parent/Guardian Email Address:_____

Mentor Information:

VMRC requires all Applicants to work with a Mentor during their Internship

☐ **YES**, I have a Mentor(s) (e.g. Commercial Waterman, Licensed Charter Boat Captain, Licensed Seafood Dealer, Bait Shop Owner) willing to volunteer and assist me with my Internship.

☐ **NO**, I do not have a Mentor(s) (e.g. Commercial Waterman, Licensed Charter Boat Captain, Licensed Seafood Dealer, Bait Shop Owner) and need assistance to find a volunteer to assist me with my Internship.

If you checked YES above, provide the name and MRC ID Number below for at least one mentor, if you have two, please provide the same information below.

Primary Mentor Information:

Last Name:_____ First Name:_____ MRCID:_____

Secondary Mentor Information (If Applicable):

Last Name:_____ First Name:_____ MRCID:_____

***All MENTORS**: To ensure the highest standards of mentorship, mentors undergo a vetting process based on their past history as industry licensees. This includes checks on license purchases and transfers, review of past mandatory harvest reports, currently licensed ability to provide training in specific fisheries such as blue crab and public oyster harvest, and inquiries to verify and major violations (e.g. felonies). It is essential that mentors fulfill their responsibilities to support lawful, responsible, and knowledgeable future Waterman.*

Additional Questions: **This section must be complete in a short paragraph form. (minimum of 3-4 sentences)**

Please describe your interest in the Commissioner's Watermen's Apprentice Program and if accepted, what are your outcome goals?

Have you served or are you currently serving in the U.S Armed Forces?

If yes, what branch of the U.S Armed Forces did you serve?_____

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 Watermen's Internship Program. If selected for the VMRC Watermen's Internship Program, you will comply with all rules, regulations, and policies of the program, as well as any additional rules the VMRC may provide to you.

Signature:_____ Print Name:_____ Date_____

Guardian Signature_____ Guardian Print Name:_____ Date:_____

CLEAR AND ELIGIBLE APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY EMAIL BY NOVEMBER 30, 2026

For Questions, please call: (948)-229-1570

Please return completed applications through email to:

Commissioner@mrc.virginia.gov

Or through mail to:

Watermen's Internship Program

Virginia Marine Resources Commission

380 Fenwick Rd Ft. Monroe, VA 23651