



**YES!**

I am interested in becoming a volunteer **DOCKWALKER**. Please send me information about the program and upcoming trainings.

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 Name & Organization *(please print)*

\_\_\_\_\_  
 Address Apt.

\_\_\_\_\_  
 City State Zip Email



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# Dockwalker Program

California Department of Boating and Waterways  
California Coastal Commission  
45 Fremont Street, Suite 1900  
San Francisco, California 94105



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