

Print Form

Submit by Email



For Office Use Only	
BGC _____	Date _____
SC _____	Date _____
DT _____	Date _____
Training _____	
Vol Test _____	

## Volunteer Profile & Application

Full Name (first, middle, last) \_\_\_\_\_

Previous Names and/or Maiden Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If an active student: Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

**Please indicate the times that you would be available to volunteer:**

What volunteer position(s) are you applying for?

- Shipboard Educator  
  Crew  
  Maintenance  
  Office Help

Please list any special skills you would be willing to share (e.g., musician, storytelling, artistry, etc.):

Please briefly summarize your previous work experience, including internships:

List the professional and/or social organizations of which you are currently a member:

Briefly describe your swimming abilities:

## Emergency Contact

Name of person to contact in case of emergency \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_

### References

**NOTE: All references will be contacted, and please, *do not list any family members.***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How do you know this person? \_\_\_\_\_

**Have you ever been convicted of a felony?**

#### Court Referral

No  Yes

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

**Have you ever been ordered by a judge to do community service as an alternative to a fine or a jail sentence?**

No  Yes

If yes, how many hours and in what amount of time? \_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

**Please read the following carefully and sign on the line provided.**

I understand and fully acknowledge that, in volunteering for any of BaySail's programs aboard the schooner APPLIEDORE, I am entering into a volunteer relationship which can be terminated at any time by either myself or BaySail for any reason.

I further understand that by signing this application, I give my permission to BaySail to contact all references and to perform a complete criminal background check on my person. I understand that all information that is being asked of me on this application form is solely for the purpose of allowing BaySail to perform their necessary check, and that this information will not be provided to anyone for any reason outside of the BaySail organization. The people at BaySail guarantee that none of this information will be used to discriminate against you in any way.

It is my understanding that all information I have provided BaySail is true and complete to the best of my knowledge. I understand that giving false information is sufficient cause for BaySail to terminate its relationship with me.

It is also my understanding that I must provide information to BaySail regarding any medical problems and/or medications I am currently taking.

I consent to BaySail using all photographs in which I may appear for promotional or other related purposes. In consideration of my volunteering with BaySail, I, personally release and forever discharge, BaySail, its employees, or agents, from all claim, demands, actions, or causes of action including claims for personal injury, sickness, or property damage that may occur during my volunteer time. If for any reason I require medical attention, I agree to be responsible for any expenses incurred, including the cost of delivering me to medical facilities. **If, for any reason, I do not complete a passage, I agree to be responsible for all costs incurred for my transportation from the location of the ship to Bay City.**

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_