



Volunteer Profile & Application

Full Name (first, middle, last) _____

Previous Names and/or Maiden Names _____

Address _____

City, State, ZIP _____

Mobile Phone _____

Work Phone _____

Email Address _____

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

What volunteer position(s) are you applying for?

Shipboard Educator
 Crew
 Maintenance
 Office Help

Medical Information (i.e. medical conditions, prescribed medications, allergies and course of action, etc.)

Please rate the following statements on a scale from 1 to 4 (1 = NONE and 4 = MOST)

1. I can swim: 1 2 3 4
2. I get seasick: 1 2 3 4
3. I have a medical or physical condition that may require accommodation: 1 2 3 4
4. I have volunteered aboard a Tall Ship previously: 1 2 3 4

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

Certain duties aboard BaySail vessels have minimum age requirements.

- I am younger than 18 years of age
 I am 18 years of age or older

Emergency Contact

Name of person to contact in case of emergency: _____

Phone Number(s): _____ Relationship to you: _____

Email: _____

References

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 schooners ***APPLEDORE IV or V***, 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 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 ***ME*** 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 from the PRESENT location of the ship to THE DESTINATION OF MY CHOICE NOT ABOARD THE SHIP.**

Volunteer's Signature _____ Date _____

Date of Birth _____ SS# _____ Race _____ Sex _____