



Grays Harbor Historical Seaport Authority

Volunteer Crew Application

Today's Date _____

Dates of Availability _____

Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

Other _____

Date of Birth ____-____-____ Age _____ SSN _____

Citizenship _____

HEALTH INFORMATION

Height _____ Weight _____ Sex M _____ F _____

Medical Insurance Yes _____ No _____

Insurance Carrier and Policy # _____

Do you have any limiting physical conditions, dietary needs or disability? Yes _____ No _____

If YES, list additional information here _____

GENERAL INFORMATION

Number of years sailing or boating _____

Would you be comfortable working aloft? Yes _____ No _____

Have you ever been convicted of a felony or gross misdemeanor within the last 7 years? Yes _____ No _____

If YES, please explain _____

List experience, skills, abilities, hobbies or other activities that may be of value to the operation of a Tall Ship (carpentry, educational, rigging, painting, cooking, seamanship, electrical, mechanical, bookkeeping) Please attach a resume and photo

Currently held licenses/certificates _____

All volunteer crew must present a physicians statement of good health. Volunteer crew must agree to release, indemnify and hold harmless the Grays Harbor Historical Seaport Authority Lady Washington and Hawaiian Chieftain from liabilities or injuries arising from any activities involving Lady Washington, Hawaiian Chieftain or any Historical Seaport Vessels, programs or activity. Any false information found on this form is cause for dismissal from the crew. The applicant authorizes investigation of all statements contained in this application. All foreign citizens interested in a volunteered or paid position aboard Historical Seaport vessels must have appropriate work authorization for immigration purposes and cannot become a member of the crew until such documentation is presented to the Director of Operations. All on this form is strictly confidential.

Emergency Contact Name _____

Relationship _____

Telephone (Home) _____ (Work) _____

Other _____

APPLICANTS SIGNATURE

X _____

Date _____

Mail To: GHHSA/Volunteer Crew Coordinator, PO Box 2019, Aberdeen, Wa 98520

For Office Use Only:

Level of interest _____

Call Date ____-____-_____

Notes: _____

Disposition (Scheduled Dates ____-____-_____ & ____-____-_____ & ____-____-_____

File w/letter _____

Packet Sent ____-____-_____