



# Grays Harbor Historical Seaport Authority

## Volunteer - Sail Training Application

Today's Date \_\_\_\_\_

Dates of Availability \_\_\_\_\_ Preferred Boat: \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age \_\_\_\_\_

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 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

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Currently held licenses/certificates \_\_\_\_\_

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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) \_\_\_\_\_ (Cell) \_\_\_\_\_

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: \_\_\_\_\_

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Disposition (Scheduled Dates \_\_\_\_ - \_\_\_\_ - \_\_\_\_ & \_\_\_\_ - \_\_\_\_ - \_\_\_\_ & \_\_\_\_ - \_\_\_\_ - \_\_\_\_)

File w/letter \_\_\_\_\_

Packet Sent \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Medical Information and Release Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of most recent tetanus booster: \_\_\_\_\_

**ALLERGIES: (circle and include a brief statement on severity, medications used, etc.)**

Bee sting\* Hay Fever Asthma Allergies/reactions to medications Penicillin

Sulpha Drugs Food Allergies (please list) Other

**\*For Bee Sting Allergies we strongly recommend consulting a physician and request shock kit/learn self-administration.**

**MEDICATIONS:** If you routinely take medication, please complete the following information:

Medication Dosage How Often Prescribing Physician

Do you have any other medical problems or issues that we should be aware of?

Are you able to participate in all normal physical activities? \_\_\_\_\_ If no, please explain.

Are there any physical or emotional situations or limitations that our staff should be aware of? Your frankness about these situations can be a tremendous help in making this a more positive experience.

IN CASE OF MEDICAL EMERGENCY: I understand that every effort will be made to contact the emergency contact named below. In the event that is not possible, I hereby give permission to the physician selected by the ship's captain to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery as necessary.

IN CASE OF MEDICAL EMERGENCY PLEASE CONTACT:

Name

Phone

Relationship

Name

Phone

Relationship

In signing this application, I hereby certify that all the information provided is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please notify the Historical Seaport office if you have been exposed to any communicable illness or disease during the four weeks prior to voyage departure. (800) 532.8611 or (360) 532.8611

If additional space is needed, please attach additional sheets.

## PARTICIPANT PROFILE WAIVER AND RELEASE AGREEMENT

To help us provide you with the best experience possible, please take the time fill out this participant profile. We will use your responses and the responses of your shipmates as a guideline in selecting the education specialists for your voyage.

NAME: \_\_\_\_\_ Minor Child? Yes No

ADDRESS: \_\_\_\_\_

City

State

Zip

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you part of a group? \_\_\_\_\_

Number of people in your party: \_\_\_\_\_ Type of group: Family Friends School Other: \_\_\_\_\_

Hobbies and Special Interests: \_\_\_\_\_

Have you had previous sailing experience? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Please circle those activities that you are interested in.

Bird Watching - Whale Watching - Hiking - Camping - Marine Biology - Sail Training - Adventurous Vacation

Learning about Northwest Maritime History - Island Exploration/Island Ecology - Photography - Tide pooling

Please describe your primary reason(s) for wanting to take part in this voyage: \_\_\_\_\_

Do you have any special interests or expectations for this voyage? \_\_\_\_\_

Is this part of an education or research project? \_\_\_\_\_ Is there a specific goal? \_\_\_\_\_

In consideration of being permitted to participate in the activities of the Grays Harbor Historical Seaport Authority (GHHS), each of the undersigned participants, for himself/herself, his/her spouse, legal representatives, heirs, and assigns, hereby releases, waives, and discharges the Grays Harbor Historical Authority, its officers and members, and its promoters and sponsors, from all liability to the participant, his/her spouse, legal representatives, heirs, and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to participant's person or property, even injury resulting in death of the participant, whether caused by the negligence of GHHS or otherwise while the participant is participating in any activities sanctioned by the Grays Harbor Historical Authority.

Participant further agrees to indemnify GHHS, each of them, from any loss, liability, damage or cost they incur due to the presence and participation of participant in any Grays Harbor Historical Authority activities whether caused by negligence of the GHHS or otherwise. Participant hereby assumes full responsibility for the risk of bodily injury, death or property damage due to negligence of GHHS or otherwise while participating in any Grays Harbor Historical Authority activities.

Participant expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

Participant's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

## FOOD SURVEY

Name: \_\_\_\_\_

Group/Activity Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please list any food **allergies** or sensitivities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a:

Vegetarian?

\_\_\_\_\_ No.

\_\_\_\_\_ Yes, for sure. I won't eat: \_\_\_\_\_

\_\_\_\_\_ More or less. I prefer not to eat: \_\_\_\_\_

Vegan?

\_\_\_\_\_ No.

\_\_\_\_\_ Yes, for sure.

\_\_\_\_\_ More or less.

Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Omnivore/Don't Care?

Other? (Please explain. Add additional sheets if required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you HAVE to have in the way of food and/or beverages in order to enjoy this trip and keep an even temper? Coffee? Cola? \_\_

\_\_\_\_\_

\_\_\_\_\_

What other food necessities/desires should we be aware of? (Keep in mind that refrigeration and storage in general will be limited). \_\_

\_\_\_\_\_

\_\_\_\_\_

PERMISSION TO DO BACKGROUND CHECK

Applicant Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Driver's License #/State \_\_\_\_\_

Have you ever been:

A. Convicted of a crime against children or other persons: Yes No

B. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult:

Yes No

C. Convicted of crimes related to drugs as defined in RCW 43.43.830: Yes No

D. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor: Yes No

E. Found by a court in domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor: Yes No

F. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disable person or to have abused or financially exploited any vulnerable adult: Yes No

G. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult: Yes No

If you answered yes to any of the above questions please explain. (Use a separate sheet)

The applicant swears under penalty of perjury that the information provided in this Disclosure is accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERMISSION TO DO BACKGROUND CHECK

For the safety of our program participants, passengers, and guests, GHSA recognizes the need for screening in compliance with RCW 43.43.832. The prospective employee/volunteer agrees to a criminal background screening by the Washington State Patrol. GHSA shall notify the Trainee of the state patrol's response. State law expressly prohibits further dissemination or use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREW--WHAT TO BRING

Some general tips on packing:

Pack light! Space is very limited on board. A soft duffel bag makes ideal luggage because it can be made to fit almost anywhere.

The boat will provide you with a period costume to wear when we work with the public. Many crew members supplement it with their own period appropriate articles of clothing, and you can do likewise if you want. Don't forget that you will also receive a crew t-shirt when you get on board.

The *Lady Washington's/Hawaiian Chieftain's* rigging is protected from the elements by pine tar and tallow. Expect that anything you wear aloft could come back permanently stained. Coin-op laundries and showers are available in many of the ports we visit, but sometimes are a substantial hike from the dock.

It's always colder than you'd expect out on the water. Layers are great; you can adjust your clothes to suit the weather. The sun is strong even when it's chilly outside.

Keep in mind that we live on a boat. Water can (and will) find its way into almost any corner of the boat, and anything you bring could get knocked about in a heavy sea. Electronics (laptops, cell phones, digital cameras and the like) are a welcome addition to life on board but bring them at your own risk and keep them protected!

The following is a summary from our Volunteer Manual:

Storage space is limited on board. The checklist may seem a lot, but pack efficiently and in layers. Less is more. Clothes with multiple uses are a plus. And remember that you will need to carry your gear to and from the boat.

### CHECKLIST

**Rain Gear:** Jacket, pants, sea boots (some crew wear rubber boots)

**Warm Clothes in layers:** Nights are cold and the sea climate is damp; wool and fleece work better than cotton.

**Head, Hand and Foot warmth.** Although line handling in gloves is considered unsafe, warm gloves for standing night watch is a good idea.

**Cool Clothes** for warm weather

One set of "**Grubbies**" for maintenance work.

**T-shirts and underwear** for two weeks. Laundry facilities ashore may not always be readily available.

**Sunglasses, Hat, Sunscreen.** A hat with a lanyard or chinstrap is a good idea.

**Towel, Washcloth, Toiletries.**

**Bedding.** Bunks are provided with a foam mattress. Bring a sleeping bag or bed roll.

**Flashlight.** If you have one with a red lens for night watches, even better

**Money, ID.** For evening shore excursions

**Rigging Knife, Marlinspike** with a lanyard. We can help make a lanyard on board.

### OPTIONAL

**Camera, Journal, Musical Instrument.** Music is appreciated. Remember this is a sea environment; think twice before bringing a camera or instrument that is irreplaceable.

**Period Clothes.** The vessel has a stock of period clothes so we can fit you out for public programs adequately. But if you already do living history work in the 18<sup>th</sup> Century, you may already have period work clothes that fit.

(Remember that this is a working environment and lace is for shore side soirees.)



## Application Checklist

Have I forgotten any forms?

- ☐ Application
- ☐ Participant Waiver and Release Agreement
- ☐ Food Survey
- ☐ Permission to do Background Check
- ☐ Medical Information and Release Form
- ☐ Photo ID, (Driver's License, Passport, School ID, Photo, etc.)
- ☐ Physician's letter or copy of latest physical  
(Please provide letter from your physician signing off on your well-being).

When forms are completed please mail  
to: Attn: Marine Operations Manager  
Grays Harbor Historical Seaport  
PO Box 2019 Aberdeen, WA 98520

Fax to: (360) 533-9384 Attn: Marine Operations Manager

Email to: [ghhsa\\_admin@historicalseaport.org](mailto:ghhsa_admin@historicalseaport.org)