**VOLUNTEER CREW APPLICATION**

Please return to office@silverylightsailing.com

No experience required, just lots of enthusiasm and a willingness to get stuck in!

By submitting this form you give Silvery Light Sailing permission to keep your information on file for the purposes of contacting you about volunteering opportunities. All personal information is held and processed under the General Data Protection Regulations, and will only be used for this purpose.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | **Known as** |  |
| **Email** |  | **Mobile** |  |
| **Address** |  |
| **D.O.B** | \_ \_ / \_ \_ / \_ \_ \_ \_ | **Gender** |  |
| **Nationality** |  | **Passport No.** |  |
| **Languages spoken** |  |

|  |
| --- |
| **Please summarise any previous experience working with young people or community groups:** |
|  |
| **Please summarise any previous boating/sail training experience:** |  | **Qualifications** | **✓** |
|  |  | ENG1 Medical *(Expires \_\_/\_\_/\_\_ )* |  |
|  | STCW Basic Safety *(Expires \_\_/\_\_/\_\_ )* |  |
|  | RYA Powerboating Level 2 |  |
|  | SRC VHF Certificate |  |
|  | RYA Competent Crew |  |
|  | RYA Watch Leader |  |
|  | RYA Day Skipper |  |
|  | RYA Yachtmaster Coastal |  |
|  | RYA Yachtmaster Offshore |  |
|  | RYA Yachtmaster Ocean |  |
|  | Commercial endorsement of YM?  |  |
|  | MCA Approved Engine Course 1 or 2 |  |
| **Please list any other relevant qualifications not listed above:** *(including non-seafaring qualifications such as Food Safety, Youthwork or First Aid)* |
|  |
| **Do you have any special skills you can bring to the project not mentioned above?** *(photography, social media, fundraising etc.)* |
|  |

|  |
| --- |
| What would you like to get out of volunteering on LEADER? How can we support you to reach these goals? |
|  |
| Do you have any medical conditions we need to be aware of? | **Yes** | **No** |
| If **Yes**, please explain, including what precautions/adjustments could be made to assist you: |
| **Please indicate your availability for the 2023 season**E.g. can you do overnight voyages, or day sails only? Could you attend a week long voyage with enough notice? |
|  |

|  |  |  |
| --- | --- | --- |
| EMERGENCY CONTACT 1 |  | EMERGENCY CONTACT 2 |
| **Name** |  |  | **Name** |  |
| **Phone** |  |  | **Phone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| VOLUNTEER AGREEMENT |  |  |  |
| * I hereby declare that the information given above is true and accurate to the best of my knowledge.
* I am volunteering my time without expectation of payment or future employment.
* I will follow the guidelines set out in the SLS Volunteering Policy.
* I will communicate any changes in my availability to volunteer at my earliest convenience.
 |
| * I will undergo an Access NI Enhanced Disclosure Check.
 |
| **Signed** |  | **Date** |  |

|  |
| --- |
| Thank you for your interest in volunteering as a crew member with Silvery Light SailingWe appreciate your time and all the ways in which volunteers contribute to the safe and smooth running of LEADERFor more information, including our Volunteer Policy, check out our website at www.silverylightsailing.com |
| **Email:** office@silverylightsailing.com**Phone & WhatsApp:** +447716173400**Address:**Office 9, Linenhall House, WIN Business ParkNEWRY, County Down, BT35 6PH |  | **Like & Follow us on Facebook**Silvery Light Sailing**Follow us on Instagram**@silverylightsailingni |