

# COASTGUARD VOLUNTEER APPLICATION FORM



<b>PERSONAL DETAILS</b>	Coastguard Unit (if known)	Date
Mr/Mrs/Ms/Other	First Name	Last Name
Home Address		
		Postcode
Work Address		
		Postcode
		Occupation
Postal Address (if different from above)		
Date of Birth*	*Minimum age is 16 years	Place of Birth (for ID purposes only)
Contact Number (home)	Work	Mobile
Email Address (please print clearly)		
Next of Kin	Relationship to you	Contact Ph
Address		
<input type="checkbox"/> I have been a volunteer with Coastguard before      Yes <input type="checkbox"/> No <input type="checkbox"/>		

**COASTGUARD APPLICATION:** In what areas are you interested in volunteering:

<b>Communications</b>	<b>Air Patrol</b>	<b>Rescue Vessel Unit</b>
<input type="checkbox"/> Radio Operator	<input type="checkbox"/> Administration	<input type="checkbox"/> Active crew (as a crew member on one of our rescue vessels)
	<input type="checkbox"/> In flight Observer	<input type="checkbox"/> Shore crew (Launch and Retrieve, maintenance, fundraising, administration, Incident Management etc)
	<input type="checkbox"/> In-flight Coordinator	
	<input type="checkbox"/> Pilot	

Availability eg weekends, weekdays etc:

**QUALIFICATIONS:** (please tick the qualifications you already hold and provide a copy for records)

<b>Marine</b>	<input type="checkbox"/> Day Skipper	<input type="checkbox"/> Boatmaster	<input type="checkbox"/> Coastal Skipper	<input type="checkbox"/> LLO
	<input type="checkbox"/> ILM	<input type="checkbox"/> VHF/SSB	<input type="checkbox"/> Other	<input type="text"/>
<b>Aviation</b>	<input type="checkbox"/> PPL	<input type="checkbox"/> CPL	<input type="checkbox"/> Expiry and Flight Hours	<input type="text"/>
<b>Medical</b>	<input type="checkbox"/> First Aid	<input type="checkbox"/> PHEC	<input type="checkbox"/> Defib	<input type="checkbox"/> Oxygen
<b>Drivers Licence</b>	<input type="checkbox"/> Yes / No	Classes held:	<input type="text"/>	
	<input type="checkbox"/> Other	<input type="text"/>		

**MEDICAL DETAILS:**

If you currently do, or have suffered from any disease or physical/mental disability which is likely to affect your efficiency as an active crew member involved with Coastguard activities, and that may also affect your safety and that of the other crew members and public, it is suggested that you consult with your doctor or the Unit Training/Safety Officer prior to commencing any activity.

Have you read the above paragraph?  Yes  No

Do you wish to consult with a Doctor or the Unit Training/Safety Officer? (this will be in confidence)  Yes  No

**Personal Health and Fitness:**

Height  Weight  (For Air Patrol Crew) Eyesight:  Good  Fair  Poor

Do you regularly take medication?  Yes  No If you answered yes, please specify:

Water confidence: Can you swim 100 metres fully clothed?  Yes  No  Don't know

Can you tread water fully clothed for 5 mins?  Yes  No  Don't know

## FIT AND PROPER PERSON CHECK FOR

Please tick Yes or No as applicable.

1. Have you been convicted in any New Zealand or overseas court of law of any offence in the last five years, or are you presently facing charges for any offence including traffic offences?  Yes  No
2. Have you ever been convicted on any criminal or traffic offence, which resulted in a term of imprisonment, or are you presently facing charges for a criminal or traffic offence which may result in a term of imprisonment offence?  Yes  No
3. Have you any history of physical or mental health problems, or serious behavioral problems?  Yes  No
4. Are you, or have you ever been a suspended person under the Maritime Transport Act 1994, or the Shipping and Seaman Act 1952?  Yes  No
5. Have you ever had a document revoked under the Maritime Transport Act 1994, or do you have a document that is presently suspended under the Maritime Transport Act 1994?  Yes  No
6. Have you ever had a document suspended or cancelled by the Maritime authority of a country other than New Zealand?  Yes  No

## DECLARATION

In keeping with the Privacy Act 1993, the above personal information will be used by Coastguard in relation to my Coastguard Volunteer application. The information provided here will be used for the purpose of arranging Coastguard training, keeping me up-to-date on Coastguard matters and role allocation to suit me. Personal information will not be released to other persons except in an emergency. The information that I have provided about my experience and medical history is accurate to the best of my knowledge.

I understand it is my responsibility to maintain up to date personal and contact details and to advise of any changes as soon as possible.

I hereby certify that:

To the best of my knowledge and belief the above statements made and the information supplied in this questionnaire and the attachments are correct. I am aware that the provisions of false information, or the failure to disclose information relevant to the grant or holding of a maritime document constitutes an offence under Section 40b of the Maritime Transport Act 1994 and is subject, in the case of an individual, to imprisonment for a term not exceeding twelve months, or a fine not exceeding \$5,000.

Signature

Date

## UNDER 18 YEARS OF AGE PARENT/GUARDIAN/CAREGIVER CONSENT

I am the parent/guardian/caregiver of the applicant who is under 18 years of age. I have read and understood this application form and the declaration and I consent to the applicant's application to become a Coastguard Volunteer on the basis set out on this form.

Name of parent/guardian/caregiver

Address

Signature

Date / /

Return completed form to your local Coastguard Unit, or post to: Coastguard New Zealand, PO Box 33559, Takapuna, Auckland 0740

# Committed – We're committed to saving lives at sea

## OUR COMMITMENT TO YOU

- ▶▶ We will put your personal safety above all else
- ▶▶ To treat you with respect
- ▶▶ To recognise the time, energy and sacrifices you make for our organisation
- ▶▶ Provide the training you need to excel in your chosen Coastguard pathway
- ▶▶ To provide you with leadership and support
- ▶▶ Keep you informed of our organisation's direction

## YOUR COMMITMENT TO COASTGUARD

- ▶▶ Your time and energy
- ▶▶ To share our passion for saving lives at sea
- ▶▶ Always work with dedication, professionalism and respect
- ▶▶ Ensure that your actions enhance Coastguard's reputation
- ▶▶ To attend required training for your chosen Coastguard pathway

The Charity Saving Lives at Sea