

# COASTGUARD ACTIVE VOLUNTEER APPLICATION FORM



<b>PERSONAL DETAILS</b>		Unit	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		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			

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

I have been a vounteer with Coastguard before

### Communications

Radio Operator

### Air Patrol

- Administration  
 In flight Observer  
 In-flight Coordinator  
 Pilot

### Wet Unit (Rescue Vessel)

- Active crew (as a crew member on one of our rescue vessels)  
 Active Shore crew (Launch and Retrieve, maintenance, fundraising, administration, Incident Management etc)

Availability eg weekends, weekdays etc: \_\_\_\_\_

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

### Marine

- Day Skipper     Boatmaster     Coastal Skipper     LLO  
 ILM     VHF/SSB     Other \_\_\_\_\_

### Aviation

- PPL     CPL     Expiry and Flight Hours \_\_\_\_\_

### Medical

- First Aid     PHEC     Defib     Oxygen

### Drivers Licence

- Yes / No    Classes held: \_\_\_\_\_  
 Other \_\_\_\_\_

## 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 ever been convicted in any New Zealand or overseas court of law, of any transport safety offence in the last five years, or are you presently facing charges for a transport safety offence?  Yes  No
2. Have you ever been convicted on any criminal charge, which resulted in a term of imprisonment, or are you facing charges for a criminal 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

Pursuant to the provisions of the Privacy Act 1993, the above personal information will only be used by Coastguard in relation to my application for active membership. The information provided here is to be used for the purpose of arranging Coastguard training and role allocation to suit me. Otherwise 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

Parent/Guardian Signature if under 18

## 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 you 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 Coastguards reputation
- » To attend required training for your chosen Coastguard pathway

The Charity Saving Lives at Sea

