



KALMAR NYCKEL
The Tall Ship of
DELAWARE

Office ID # _____	CT Class _____	CPR _____
Photo ID Check _____	Stewards of Children _____	I-9 / W-4 _____
Background Check _____	Code of Conduct _____	Key Issued _____
Drug Test _____	ServSafe _____	
\$ _____	TWIC _____	

VOLUNTEER CREW APPLICATION

DATE: _____

Please indicate your area of volunteer interest:

<input type="checkbox"/> Sailing Crew	<input type="checkbox"/> Building Guide / Ship Tours	<input type="checkbox"/> Educator: Ship / Building
<input type="checkbox"/> Ship Maintenance	<input type="checkbox"/> Welcome Desk	<input type="checkbox"/> Landscaping Crew

Last _____ First _____ MI _____ Nickname _____ Title (Mr., etc.) _____
Full legal Name (required for port security)

Optional: Marital Status _____ Spouse/Partner's Name _____

Address _____

City _____ ST _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____ Fax Number (____) _____ - _____

E-Mail Address _____ (Please Print Clearly)

Current Occupation _____ Company _____

Hobbies _____

Maritime/Nautical Experience: _____

Any special licenses? **Describe** _____

Can you swim about 50 yards, or tread water for 10 minutes?

Skills and Experience: (Please check all that you've done!)

<input type="checkbox"/> Sailing	<input type="checkbox"/> Construction	<input type="checkbox"/> Education	<input type="checkbox"/> Graphics
<input type="checkbox"/> Rigging/Sail Repair	<input type="checkbox"/> Blacksmithing	<input type="checkbox"/> Scouting	<input type="checkbox"/> IT
<input type="checkbox"/> Electrical/Mechanical	<input type="checkbox"/> Carving	<input type="checkbox"/> Sewing	<input type="checkbox"/> Web Site Design
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Artist	<input type="checkbox"/> Marketing

Besides volunteering as crew, list any skills/services you could offer the Foundation (i.e., what can you do for us that we don't even know we need?) _____

Promotional Material Release:

(Initial) _____ I give the Kalmar Nyckel Foundation permission to publish, copyright, and use pictures/video with my image and name for promotional purposes.

OR (Initial) _____ Please do not use my image/name for promotional purposes.

Signature _____



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HOLD HARMLESS AGREEMENT

I, _____,
 of the city of _____, County of _____,
 state of _____, born ___/___/___, and of the age of majority,
 do herewith ask to be allowed to be a volunteer for the Kalmar Nyckel Foundation, a Delaware non-profit based in Wilmington, Delaware, and to assist the Foundation with its operations, including but not limited to, the completion of construction of the sailing ship *Kalmar Nyckel*, its maintenance and operations, the programs of the Foundation, maintenance of the site and facilities, and its education programs for schools and the general public.

I, the undersigned, hereby assume the risk of injury or death, sustained in the pursuit of these activities while on the premises and do hereby release, and hold harmless, and forever discharge the Kalmar Nyckel Foundation, its officers, trustees, employees, consultants, agents and any other entities associated with the Foundation, of all claims, suits, demands, costs, and expenses, including legal fees of every kind and nature, arising out of, or connected with my volunteering, for any personal injury, death, disfigurement, paralysis, or damage of any kind sustained and suffered while on duty for the Foundation, or onboard the *Kalmar Nyckel* or her small craft, or while on the premises, properties, or leaseholds, of the Foundation, or while using equipment belonging to or rented by and for the Foundation, while engaged in the activities specified or implied, above.

IN WITNESS WHEREOF, I have executed this release at Wilmington, Delaware,
 on the ___ day of _____, 201__.

Signature X _____

Address: _____

Daytime Phone: (____)-____-_____

Evening Phone: (____)-____-_____

Witness X _____

Legal Guardian if under age: X _____

Relationship to Minor: _____



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Medical Form - CONFIDENTIAL

Date: ___/___/___

D.O.B. ___/___/___

Full legal Name (required for port security)

Last: _____ First: _____ MI: _____ Preferred Name: _____

Sex _____ Glasses Y N Near-sighted Y N Far-sighted Y N
Height _____ Contacts Y N Pace-Maker Y N Hearing Aid Y N
Weight _____

Are you currently under the regular care of a physician? Y N

Are you currently under the regular care of a psychiatrist? Y N

If yes to either question, please describe condition and treatment. _____

Do you have any of the following chronic conditions?

High Blood Pressure? _____

Epilepsy? _____

Heart Disease? _____

Diabetes? _____ If yes, do you take insulin? _____

Breathing Problems? _____, If yes, do you use an inhaler? _____.

Do you have any Allergies? If yes, please list allergies.

Drug Allergies? _____ Food Allergies? _____ Environmental (bees, etc.)? _____

If yes, do you carry an Epinephrine auto-injector ? Y N

Are you currently taking any prescription or regular Over-The-Counter (OTC) medications? Y N

If Yes, Please list all prescription or regular OTC medications you are currently taking: (USE BACK IF NEEDED)

Name of medication	Condition medication treats	<u>Symptoms</u> we'll notice if med. is skipped, or if a medical problem arises related to this condition	Will you bring this medication if on the ship for a day?/week?

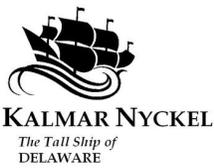
To the best of my knowledge, all of the above information is correct. I further understand that any misrepresentation or falsifying of the above information is grounds for immediate dismissal from the ship and Foundation programs. I feel that I am physically and mentally able to participate in the activities onboard and I agree to inform the Master of the *Kalmar Nyckel* if and when any information given on this form changes.

Signature X _____ **Staff Witness: X** _____

Emergency Contact Name: _____ Relationship: _____
(someone not on ship with you)

Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Kalmar Nyckel Foundation
1124 East Seventh Street, Wilmington, Delaware 19801
302.429.7447 302.429.0350 fax www.kalmarnyckel.org



KNF Code of Conduct

I will honor our core values by maintaining a high personal standard of conduct. I will carry out my duties and tasks to the best of my ability and take personal accountability to improve my capabilities over time. I will behave in an honest and ethical way. I will ensure that my actions and behaviors never reflect poorly on the Foundation or compromise our educational mission. I will not use profane language or wear inappropriate clothing.

I will be respectful and positive in all my interactions with staff, volunteers, our customers and the general public. I will be considerate towards my shipmates and fellow volunteers. I will avoid all forms of discrimination and will respect the dignity of each person without regard to economic status, age, gender, race, ethnicity, religion, sexual orientation or physical or mental abilities. I will be a good teammate and will avoid jokes made at the expense of others or any other unwelcome behaviors.

I will help create an exceptional experience for our customers. I am aware that the future of the Foundation is directly tied to the effectiveness of the educational and cultural experiences we create.

I will be alert to and report any inappropriate or potentially inappropriate behavior (harassment, discrimination, sexual overtures or contact, offensive language or gestures, any form of abusive behavior, drug or alcohol abuse). I am aware that sexual abuse of children is an issue in our society and I will be especially sensitive that children and youth are not exposed to inappropriate behavior, abuse, sexual or otherwise, or ridicule. I will avoid situations where I am alone with guest children/youth and will follow the two adult rule. I am aware of my legal obligation to report observed or suspected child abuse or neglect to Delaware Child Protective Services. I am aware of my responsibility to report any violations of the KNF's Youth Protection Policies.

I will respect the chain of command at all times.

I understand that reporting gross breaches of the code of conduct is appropriate regardless of my status within the chain of command. I will handle such a situation thoughtfully and with discretion out of respect to all parties involved.

I will consider the safety of myself and others in all my actions. I will know what to do and to whom to report in emergency situations.

I know and will comply with the Foundation's policies regarding drugs, alcohol and tobacco. I understand and support the Foundation's zero tolerance for illegal drug use and will ensure that the Captain is aware of any prescription drugs I take. I will not use or be under the influence of alcohol at any time while volunteering and will strictly adhere to the Coast Guard and Captain's rules regarding alcohol use while with the ship. I understand that excessive or underage drinking will not be tolerated. I will smoke only in designated areas and never on the ship.

I will strive to be punctual so that others are not required to wait for me.

I will treat the ship and all Foundation property with respect and take proper care of the same. I will clean up more than the mess I make. When living on the ship, I will ensure that all my gear is confined within my bunk at all times (except foul weather gear).

I understand that as a volunteer for the KNF I am subject to criminal background checks, a drug screen and continuing random drug screening (sailing crew) and that any actions inconsistent with this Code of Conduct may result in my removal as a volunteer.

Signed: _____ Date: _____

Printed Name: _____