



# VOLUNTEER APPLICATION FORM

Please return to Bermuda Sloop Foundation Office, Victoria Place,  
Lower Ground/Courtyard, 31 Victoria Street, Hamilton, HM10, Bermuda

(All information is confidential and will only be entered into the Bermuda Sloop Foundation's secure database)

## APPLICANT INFORMATION (All Fields Required)

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

Title: Mr.  Mrs.  Ms.  Other: \_\_\_\_\_ Gender: M  F  Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

School/Employer: \_\_\_\_\_ Nationality:  Bermudian  Other: \_\_\_\_\_

Cultural Identification:  Black  White  Asian  Portuguese  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / Parish: \_\_\_\_\_

State / Prov: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Personal Cell: (        ) \_\_\_\_\_

Work: (        ) \_\_\_\_\_ Work Cell: (        ) \_\_\_\_\_

Primary Email: \_\_\_\_\_

## EMPLOYMENT / REFERENCES

### CURRENT

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

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

Contact No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Start Date (MM/YY): \_\_\_\_\_ Finish Date (MM/YY): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### PERSONAL

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No: (        ) \_\_\_\_\_

### PROFESSIONAL

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No: (        ) \_\_\_\_\_

## CRIMINAL CONVICTIONS

Have you ever been convicted by a Court of Law? If yes, please give details.    No     Yes

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (All Fields Required)

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City / Parish: \_\_\_\_\_

State / Prov: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Emergency Contact No: (        ) \_\_\_\_\_ Alternate Emergency Contact No: (        ) \_\_\_\_\_

Primary Email: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Contact No: (        ) \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Co: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Group Name: \_\_\_\_\_

Policy Group No: \_\_\_\_\_ Overseas Claim Phone No: (        ) \_\_\_\_\_

## MEDICAL INFORMATION (All Fields Required)

You must inform the Bermuda Sloop Foundation if your medical conditions change after submitting this application.

Please answer the following	N	Y	If answered YES, please provide detail and list
Do you presently take prescription medication(s)			
Behavioral Disorders (ADHA/ADD)			
Blood born viruses (HIV/Hepatitis etc)			
Blood clotting disorders			
Diabetes			
Epilepsy			
Eating disorders			
Fainting			
High blood pressure			
Heart disease			
Hemophilia			
Injury or condition (that may hinder your participation)			
Mental Illness			
Bed Wetting			
Asthma			
Do you have any allergies? (Please specify allergy and medication required to treat allergy)			
Do you have any other medical conditions?			
Do you have any special dietary requirements?			

### EMERGENCY PERMISISON

In case of a medical emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me, or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the necessary care for my child's or my wellbeing.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER QUESTIONNAIRE

1. Please explain why you want to become a Volunteer for the Bermuda Sloop Foundation?

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2. Do you have any previous sailing experience? If yes, please give details below.

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3. Do you have any professional qualifications? If yes, please give details below.

Qualification	School	Date of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Please note, as best as possible, the dates that you would be available to volunteer, including specific days, and times.

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If you would prefer to arrange an interview to discuss these questions please tick the box.

## PHOTO RELEASE AGREEMENT

### SUBJECT: PHOTOGRAPHS AND/OR VIDEO CLIPS TAKEN ABOARD 'SPIRIT OF BERMUDA'

I grant to the Bermuda Sloop Foundation, its representatives and employees the right to take photographs/video clips of me and my property in connection with the subject identified above.

I authorize Bermuda Sloop Foundation to copyright, use and publish the same in print and/or electronically.

I agree that the Bermuda Sloop Foundation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## ASSUMPTION OF INHERENT RISK RELEASE/INDEMNITY

Bermuda Sloop Foundation, a company limited by guarantee and incorporated in Bermuda and a registered Bermuda charity ("BSF"), has taken all reasonable steps to provide its participants and student crew with appropriate equipment and skilled personnel for its programmes, trips and voyages ("the Activities"), whether on the water or on the land, involving STV SPIRIT OF BERMUDA ("the Ship"), a purpose-built, Bermuda-registered sail training vessel. The Activities necessarily carry risks that cannot be eliminated and can result in personal injury, disability or death. BSF does not want to frighten its participants and student crew nor to reduce their enthusiasm, but considers it important for them and their families to appreciate, acknowledge, assume and accept the inherent risks of the Activities. BSF also requires its participants and student crew to provide an appropriate release and indemnity concerning the Activities.

Accordingly, in consideration of BSF admitting the person named below ("the Participant") to participate in the Activities, the Participant (and if the Participant is a minor, the parent or legal guardian) HEREBY IRREVOCABLY:

(i) appreciates, acknowledges, assumes and accepts the inherent risks associated with the Activities or any matter associated with or forming part of the same.

(ii) releases BSF and each of its members, directors, officers, employees, invitees, volunteers and agents (together "the Covered Persons") from any and all liability for any injury or loss of any kind whatsoever suffered by the Participant in connection with the Activities or any matter associated with or forming part of the same.

(iii) agrees to indemnify and hold harmless BSF and each of the Covered Persons in respect of any liability incurred by any of them in respect of any injury or loss of any kind suffered by the Participant while taking part in the Activities or any matter associated with or forming part of the same.

BSF does not accept any responsibility for personal items lost or stolen while aboard the Ship. The master reserves the right to search the Ship upon suspicion of illegal items there in, which may include stolen property, fire arms, weapons, drugs and drug paraphernalia. The Ship is a drug free vessel. Consumption of alcohol is prohibited on board the Ship unless the participant is of legal age and attending an official BSF function. By signing below you agree to abide by the Ship's rules and orders given by the Ship's master or his designates. Any violation of these rules may result in immediate dismissal from the Ship and you will be liable for any costs involved in your repatriation.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION AGREEMENT

For the purpose of consideration of this application for a position with the Bermuda Sloop Foundation:

- i) I understand the completion of this application form does not constitute an offer of employment.
- ii) I certify that all statements and facts on this application form are true and any deliberate misrepresentation on my part will cause this application to be rejected, or if made apparent subsequent to my appointment, will result in immediate discharge.
- iii) I hereby authorize and give my consent to the Bermuda Sloop Foundation to obtain reference information from my present or past employers and any other persons I have listed for the purpose of assessment of my suitability to the post or posts applied for.
- iv) I hereby agree to conform to with the Rules and Regulations of the Bermuda Sloop Foundation while in its service.
- v) I will not disclose either during or at any time subsequent to my service or authorize the disclosure of any secret or confidential information or knowledge concerning any matter or thing of which I may become aware of relating to the participants or business of the Bermuda Sloop Foundation.
- vi) I understand that the Bermuda Sloop Foundation is subject to the Child Protection Act (2000) and I therefore give my consent for police background checks to be requested about me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_