

COLUMBUS FOUNDATION PAID CREW OR VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

PHONE# _____ DATE OF BIRTH (DD/MM/YY) _____

EMAIL ADDRESS _____

NAME, ADDRESS, PHONE, RELATIONSHIP OF CLOSE FAMILY MEMBER _____

AVAILABILITY? _____

EDUCATION LEVEL _____

PREVIOUS EMPLOYMENT	COMPANY	SUPERVISOR	PHONE#
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1. _____

2. _____

3. _____

REFERENCES - NAME AND PHONE NUMBER (OTHER THAN ABOVE)

1. _____

2. _____

3. _____

HAVE YOU EVER HAD A POLICE RECORD? _____

ANY VISION PROBLEMS? _____

USCG MANDATES RANDOM DRUG TESTING. WILL YOU SUBMIT TO A DRUG TEST? _____

DO YOU GET SEA, AIR, OR CAR SICK? _____

ARE YOU IN GOOD HEALTH? _____

ARE YOU TAKING ANY MEDICATION? _____ IF YES, EXPLAIN _____

BRIEFLY EXPLAIN WHAT YOU EXPECT TO GAIN FROM THE EXPERIENCE

I HAVE READ AND AGREE TO THE "TERMS" SECTION. I SWEAR THAT THE INFORMATION CONTAINED ON THIS APPLICATION FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

(signature)

(date)