

Duyfken Volunteer Program Application Form



In addition to contact and personal details, information on this form will enable the Management to gain a better understanding of your skills, interests, knowledge and experience that may be of benefit to the Duyfken Foundation.

CONTACT DETAILS

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

What is your preferred method of contact? _____

PERSONAL DETAILS

Date of Birth: ____ / ____ / ____

Gender: M F

Language(s) fluently spoken:

Australian Citizen: Yes No

If no, please tick one of the following:

Student visa Tourist visa Business visa Permanent resident

Other (please specify)

Medical Issues

Do you have any medical conditions or disabilities that might be of relevance to your performance as a volunteer?

Yes No

If yes, please provide details here:

Occupation:

QUALIFICATIONS

Maritime background, if applicable: (Please tick appropriate boxes)

- Sailing club
- Social sailing
- Maritime industry
- Ex-Navy
- Shipwright
- Maritime teacher

Other (please specify):

Volunteer background and experience:

VOLUNTEER POSITIONS

I am interested in the following Volunteer Position(s): (Please tick appropriate boxes)

- Tour Guide
- Maintenance Volunteer
- Ship keeping
- Sailing Crew

Why did you decide to volunteer at the Duyfken?

Please provide the reason/s why you decided to apply to be a volunteer for the Duyfken Foundation.

DUYFKEN E-NEWSLETTER

Do you wish to subscribe to the Duyfken E-newsletter? Yes No

EMERGENCY CONTACT DETAILS

Name of Contact: _____ Relationship: _____

Emergency Contact Numbers:

Work Phone: () _____ Home Phone: () _____

Mobile Phone: _____

ACKNOWLEDGEMENT & DECLARATION

Volunteer Security Update Acknowledgement & Declaration

I agree that any participation in the Duyfken Volunteers Program creates an obligation to carry out tasks at the direction of staff and to the standards of the Duyfken Foundation.

I understand that I am engaged as a volunteer by the Duyfken Foundation and either party can end the arrangement at will.

I acknowledge that I have read and understand all policies and content attachments highlighted in the Duyfken Foundation's Guide Program and Handbook 2016 and that I am committed to meeting their requirements.

I have declared all information that might prevent me from doing any agreed tasks in a satisfactory way.

Signature

_____/_____/_____
Date

.....
Please mail this completed application form to:
The Duyfken1606 Replica Foundation, PO Box 269, Fremantle WA 6959

Or scan and email to: info@duyfken.com

Address: PO Box 269, Fremantle WA 6959 **Email:** info@duyfken.com
Website: www.duyfken.com **Mobile:** 0427160 606