



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 _____	Vax/Booster _____
\$ _____	TWIC _____	

VOLUNTEER CREW APPLICATION

DATE: _____

Please indicate your area of volunteer interest:

☐ Building Guide / Ship Tour
 ☐ Event Volunteer
 ☐ Sailing Crew
☐ Educator: Ship / Building
 ☐ Landscaping Crew
 ☐ Ship Maintenance

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

Optional: Your pronouns _____ (he/him; she/her; they/them; etc.)

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 _____

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.

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!)

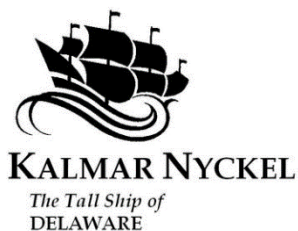
<input type="checkbox"/> Artist	<input type="checkbox"/> Education	<input type="checkbox"/> IT	<input type="checkbox"/> Sailing
<input type="checkbox"/> Blacksmith	<input type="checkbox"/> Electrical/Mechanical	<input type="checkbox"/> Marketing	<input type="checkbox"/> Scouting
<input type="checkbox"/>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

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?) _____

Kalmar Nyckel Foundation

1124 East Seventh Street, Wilmington, Delaware 19801

302.429.7447 302.429.0350 fax www.kalmarnyckel.org



Medical Form - CONFIDENTIAL

Date: ____/____/____

D.O.B. ____/____/____

Full legal Name (required for port security)

Last: _____ First: _____ MI: _____ Nickname: _____

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

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)

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

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KALMAR NYCKEL FOUNDATION
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration of being allowed to participate in programs and other events and to use the facilities, equipment and other services at, upon or about the *Kalmar Nyckel* (ship) and Kalmar Nyckel Foundation complex (Copeland Center and outbuildings) located at 1124 East 7th St., Wilmington, DE 19801 (collectively, "Kalmar Nyckel"), the undersigned, for himself/herself/theirself and for his/her/their heirs, agents, personal representatives and assigns (and if the undersigned is a minor, the undersigned's parents, guardians and other care-givers), does hereby agree to the greatest extent permitted by law, as follows:

Assumption of Risk: The undersigned hereby acknowledges and agrees that the undersigned (i) understands the nature of the activities to be undertaken for the Kalmar Nyckel and that there are inherent risks and dangers associated with such activities, including, without limitation, contracting an infectious disease, injury, pain, suffering, illness and/or death, and (ii) knowingly and voluntarily accepts and assumes responsibility for each of those risks and dangers and all other risks and dangers that arise out of or occur during the undersigned's activities for the Kalmar Nyckel.

Good Health: The undersigned represents that he or she 1) is in good health, 2) is NOT displaying any of the symptoms of COVID-19, including cough, sore throat, shortness of breath, fever or chills, lack of taste or smell, muscle or body aches, nausea or vomiting or diarrhea, and has NOT been in contact with anyone who is displaying any of those symptoms and 3) is proper physical condition for all activities in which the undersigned will participate for the Kalmar Nyckel.

Release and Waiver: The undersigned hereby irrevocably and unconditionally RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Kalmar Nyckel Foundation, and their respective members, officers, directors, agents, employees and sponsors (collectively, the "Releasees"), from and for any and all claims, liabilities, obligations, disputes, damages and causes of action of any kind or nature, known or unknown, which the undersigned may have or claim to have, now or in the future, directly or indirectly, with respect to any personal injury, accident, illness or death and/or property loss, however caused, arising from or in any way relating to the undersigned's activities, or otherwise occurring during any time while the undersigned is present at, upon or about the ship and complex excepting only those caused by the willful misconduct, gross negligence or intentional torts of Kalmar Nyckel Foundation.

Indemnification and Hold Harmless: The undersigned hereby agrees to INDEMNIFY, DEFEND AND HOLD HARMLESS the Kalmar Nyckel Foundation and all Releasees from and against any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including, without limitation, attorney's fees and court costs, arising from or in any way relating to the undersigned's activities, excepting only those caused by the willful misconduct, gross negligence or intentional torts of Kalmar Nyckel Foundation.

Severability: The undersigned expressly agrees that this Assumption of Risk, Release and Waiver of Liability and Indemnity Agreement (this "Agreement") is intended to be as broad and inclusive as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Binding Effect; Governing Law: This Agreement shall be binding upon the undersigned and the undersigned's heirs, agents, personal representatives and assigns (and if the undersigned is a minor, the undersigned's parents, guardians and other care-givers). This Agreement shall be governed by, and construed in accordance with, the laws of the State of Delaware (without giving effect to conflicts of law principles) and the state and federal courts located in Wilmington, Delaware shall be the exclusive venue for all actions and proceedings involving this Agreement or any claim arising from the undersigned's participation in programs and use of facilities. This Agreement constitutes the entire agreement of the undersigned with respect to the subject matter hereof and supersedes all prior oral and written agreements and understandings. This Agreement may not be withdrawn, cancelled, terminated, revoked, amended or revised by the undersigned.

CONTINUE ON NEXT PAGE!

INITIAL_____

Acknowledgement and Understanding: The undersigned has read this Agreement and has had an opportunity to ask questions about it. The undersigned fully understands this Agreement and acknowledges that the undersigned is giving up substantial rights in connection herewith, and that its terms are contractual and not merely recital.

INTENDING TO BE LEGALLY BOUND, THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT HE/SHE/THEY IS/ARE SIGNING THIS AGREEMENT FREELY, VOLUNTARILY AND WITH FULL UNDERSTANDING OF THE TERMS.

Print Name: _____

Address: _____

Date: _____

Signature _____

Signature of Parent/Guardian of Minor (under age of 18) _____

Print Name: _____

Address: _____

Liability Waiver Edit to split page: 11/29/2023

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: _____