

Application to Sumner Lifeboat – Boat Crew

Sumner Lifeboat welcomes applications for Boat Crew.

Sumner Lifeboat is New Zealand's oldest organised lifeboat unit. It has a proud history of saving lives at sea since the 1870s.

Joining our crew means you will help to ensure that our tradition continues, and you will actively contribute to fulfilling our vital maritime search and rescue role.

Becoming a crew member requires commitment – both in time and in your approach to training. It may take over 18 months to become fully operational boat crew, so we are looking for crew who can commit for a significant period.

Although it takes a while to become fully operational, you will quickly be able to assist callouts in an onshore capacity. Vessel launching, communications and coordination are all onshore activities you can assist with that make a difference. Meanwhile, you will continually develop your practical skills onboard all three of our rescue vessels.

We don't require prior boating or maritime experience. We will equip you and train you to ensure you become a competent, safe and effective member of the Sumner Lifeboat crew.

We periodically take on new trainees, usually several at a time. The application process involves assessing the written application forms, conducting a swim test, and possibly an interview.

Sumner Lifeboat is a unit of Coastguard New Zealand. Applicants to Sumner Lifeboat must also complete the application process for becoming a volunteer with Coastguard New Zealand (attached).

For more information, visit sumnerlifeboat.org.nz/support-us/volunteer and coastguard.nz.

If you'd like to join us, please complete the attached forms and return them to us via post or email at the address above.

We look forward to hearing from you.

The Sumner Lifeboat team

Sumner Lifeboat Volunteer Boat Crew Application Form



To the: **Executive Officer**

I am over the age of 18 and I hereby apply to become a Boat Crew member of Sumner Lifeboat.

Name (full):

Date of Birth:

DECLARATION:

I understand that to be eligible to **start as a boat crew member** at Sumner Lifeboat, I must:

- live within the Christchurch area
- have good personal qualities
- be in good physical health; list any health issues on the Coastguard form (back, heart, blood pressure, vision, hearing etc)
- pass a 200-metre sea swim test kitted in Lifeboat Personal Protective Equipment conducted at Sumner Lifeboat with a skipper (all gear is supplied, i.e. wetsuit, lifejacket, helmet, booties, gloves)
- be formally approved by Sumner Lifeboat
- pass security clearance (forms will be supplied when necessary)
- be accepted as a crew member of Coastguard NZ (complete 'Coastguard Active Volunteer Application Form').

I understand that to be eligible to **continue as a boat crew member**, I must:

- attend regular crew training & assessment sessions (min per month: three Tuesdays 7-9pm and Sunday 9am-12pm)
- attend outsourced training sessions in Christchurch for a small number of training modules (held at various times of the year and funded by Sumner Lifeboat / Coastguard New Zealand)
- attain, and renew on time, a Comprehensive First Aid Certificate (organized and funded by Sumner Lifeboat/ Coastguard)
- abide by the Sumner Lifeboat policies and procedures and those of Coastguard New Zealand
- attend callouts at any time of the day or night to the best of my ability.

My limitations on availability for callouts are:

As well as the qualifications I have outlined on the Coastguard Volunteer Application, I bring the following **boating skills** to Sumner Lifeboat (*list years of experience and details*):

I bring the following **other skills** to Sumner Lifeboat (*e.g. IT, mechanical, electrical, maintenance, surf life saving, etc.*):

My reasons for applying to become a Sumner Lifeboat crew member are:

Signature of Applicant:

Date:

Parent/Guardian Signature if under 18:

Date:

Accepted on behalf of Sumner Lifeboat:

Date:

PERSONAL DETAILS

Coastguard Unit (if known) Date

Mr/Mrs/Ms/Other First Name Last Name

Home Address

Postcode

Work Address

Postcode Occupation

Postal Address (if different from above)

Date of Birth* *Minimum age is 16 years Place of Birth (for ID purposes only)

Your Ethnicity NZ European Maori Other (please specify)

Contact Number (home) Work Mobile

Email Address (please print clearly)

Next of Kin Relationship to you Contact Ph

Address

I have been a volunteer with Coastguard before Yes No

COASTGUARD APPLICATION: In what areas are you interested in volunteering:

Communications	Air Patrol	Rescue Vessel Unit
<input type="checkbox"/> Radio Operator	<input type="checkbox"/> Administration	<input type="checkbox"/> Active crew (as a crew member on one of our rescue vessels)
	<input type="checkbox"/> In flight Observer	<input type="checkbox"/> Shore crew (Launch and Retrieve, maintenance, fundraising, administration, Incident Management etc)
	<input type="checkbox"/> In-flight Coordinator	
	<input type="checkbox"/> Pilot	

Availability eg weekends, weekdays etc:

QUALIFICATIONS: (please tick the qualifications you already hold and provide a copy for records)

Marine	<input type="checkbox"/> Day Skipper	<input type="checkbox"/> Boatmaster	<input type="checkbox"/> Coastal Skipper	<input type="checkbox"/> LLO
	<input type="checkbox"/> ILM	<input type="checkbox"/> VHF/SSB	<input type="checkbox"/> Other <input type="text"/>	
Aviation	<input type="checkbox"/> PPL	<input type="checkbox"/> CPL	<input type="checkbox"/> Expiry and Flight Hours <input type="text"/>	
Medical	<input type="checkbox"/> First Aid	<input type="checkbox"/> PHEC	<input type="checkbox"/> Defib	<input type="checkbox"/> Oxygen
Drivers Licence	<input type="checkbox"/> Yes / No	Classes held: <input type="text"/>		
	<input type="checkbox"/> Other <input type="text"/>			

MEDICAL DETAILS:

If you currently do, or have suffered from any disease or physical/mental disability which is likely to affect your efficiency as an active crew member involved with Coastguard activities, and that may also affect your safety and that of the other crew members and public, it is suggested that you consult with your doctor or the Unit Training/Safety Officer prior to commencing any activity.

Have you read the above paragraph? Yes No

Do you wish to consult with a Doctor or the Unit Training/Safety Officer? (this will be in confidence) Yes No

Personal Health and Fitness:

Height Weight (For Air Patrol Crew) Eyesight: Good Fair Poor

Do you regularly take medication? Yes No If you answered yes, please specify:

Water confidence: Can you swim 100 metres fully clothed? Yes No Don't know

Can you tread water fully clothed for 5 mins? Yes No Don't know

FIT AND PROPER PERSON CHECK FOR

Please tick Yes or No as applicable.

1. Have you been convicted in any New Zealand or overseas court of law of any offence in the last five years, or are you presently facing charges for any offence including traffic offences? Yes No
2. Have you ever been convicted on any criminal or traffic offence, which resulted in a term of imprisonment, or are you presently facing charges for a criminal or traffic offence which may result in a term of imprisonment offence? Yes No
3. Have you any history of physical or mental health problems, or serious behavioral problems? Yes No
4. Are you, or have you ever been a suspended person under the Maritime Transport Act 1994, or the Shipping and Seaman Act 1952? Yes No
5. Have you ever had a document revoked under the Maritime Transport Act 1994, or do you have a document that is presently suspended under the Maritime Transport Act 1994? Yes No
6. Have you ever had a document suspended or cancelled by the Maritime authority of a country other than New Zealand? Yes No

DECLARATION

In keeping with the Privacy Act 1993, the above personal information will be used by Coastguard in relation to my Coastguard Volunteer application. The information provided here will be used for the purpose of arranging Coastguard training, keeping me up-to-date on Coastguard matters and role allocation to suit me. Personal information will not be released to other persons except in an emergency. The information that I have provided about my experience and medical history is accurate to the best of my knowledge.

I understand it is my responsibility to maintain up to date personal and contact details and to advise of any changes as soon as possible.

I hereby certify that:

To the best of my knowledge and belief the above statements made and the information supplied in this questionnaire and the attachments are correct. I am aware that the provisions of false information, or the failure to disclose information relevant to the grant or holding of a maritime document constitutes an offence under Section 40b of the Maritime Transport Act 1994 and is subject, in the case of an individual, to imprisonment for a term not exceeding twelve months, or a fine not exceeding \$5,000.

Signature

Date

UNDER 18 YEARS OF AGE PARENT/GUARDIAN/CAREGIVER CONSENT

I am the parent/guardian/caregiver of the applicant who is under 18 years of age. I have read and understood this application form and the declaration and I consent to the applicant's application to become a Coastguard Volunteer on the basis set out on this form.

Return completed form to your local Coastguard Unit, or post to: Coastguard New Zealand, PO Box 33559, Takapuna, Auckland 0740

Committed – We're committed to saving lives at sea

OUR COMMITMENT TO YOU

- ▶▶ We will put your personal safety above all else
- ▶▶ To treat you with respect
- ▶▶ To recognise the time, energy and sacrifices you make for our organisation
- ▶▶ Provide the training you need to excel in your chosen Coastguard pathway
- ▶▶ To provide you with leadership and support
- ▶▶ Keep you informed of our organisation's direction

YOUR COMMITMENT TO COASTGUARD

- ▶▶ Your time and energy
- ▶▶ To share our passion for saving lives at sea
- ▶▶ Always work with dedication, professionalism and respect
- ▶▶ Ensure that your actions enhance Coastguard's reputation
- ▶▶ To attend required training for your chosen Coastguard pathway

The Charity Saving Lives at Sea