

SEAFARERS MINISTRY OF THE GOLDEN GATE/INTERNATIONAL MARITIME CENTER

Volunteer Registration Form
4001 7th Street, Oakland, CA 94607
(510) 839-2226

VOLUNTEER APPLICATION

My Volunteer Interests; please check up to three [3]:

- Ship Visits
- Administration
- Christmas at Sea/Ditty Bag
- Driving Seafarers
- Retail Host in Store
- Translation- Talking w/Seafarers
- Clutter Management
- Annual Pancake Breakfast

Name (please print clearly) _____

Address _____ City _____ State _____ Zip _____

Occupation [former, if retired] _____

What languages do you speak, read and write _____

Daytime Phone _____ Evening Phone _____

Email Address _____

Days/Hours Available to Volunteer _____

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Please list any clubs, or organizations [including faith orgs] in which you are a member or participant:

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Please list two references (not relatives) who know about you and your ability to work with others:

Personal ___ Professional ___ Name _____ Years Known _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Personal ___ Professional ___ Name _____ Years Known _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

[please complete both pages]

By signing below:

- *I attest that the above information is accurate and correct to the best of my knowledge.*
- *I understand and agree that:*
 - *As SMGG-IMC open their doors to in-person activity the safety of staff, volunteers, seafarers and the public is of utmost importance, and they will implement policies and enhancements, from time to time, to keep everyone safe. SMGG-IMC are closely monitoring the rapidly changing guidance associated with COVID-19, and as health department directives are updated and restrictions change, they will continue to update their policies to comply; as a volunteer I will comply with SMGG-IMC health and safety policies.*
 - *Volunteers must be aged 25 in order to be authorized to drive SMGG vehicles.*
 - *I will secure a DMV printout for consideration if I wish to volunteer as a driver.*
 - *I must apply for a TWIC card and receive Escort training should my volunteering position require such credentials [e.g. ship visiting].*

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Emergency Contact Information

Name _____ Relationship _____

Daytime/Home Phone _____ Evening/Other Phone (cell) _____

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Signature: _____ Date: _____

Note: This application will allow you to fill it out on your computer. It may require some editing in order to maintain its formatting. Please save a copy for your own records. Thank you for taking time to complete the application and for your interest in offering time and talent to SMGG/IMC. We will contact with final details within five [5] business days of the receipt of your application

Please fully complete the application form and return as soon as you can to
chaplain@smgg.org or rawhiipsr@gmail.com

THANK YOU FOR YOUR SUPPORT OF SEAFARERS!

*Seafarers Ministry of the Golden Gate
Welcoming and Serving Seafarers of the World Since 1946*

4001 7th Street | Oakland CA 94607-1043

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chaplain@smgg.org