

# ESSA Water Activities Centre

Central Lagoon, Meadgate Road, Nazeing, Essex [www.essa.org.uk](http://www.essa.org.uk)

Application to become a member of

## ESSA Crew

Name

Date of Birth

Occupation

Address

Tel Day

Tel Eve

Mobile

Email

### Emergency Contact

Name

Phone

Relationship

Mobile

### Qualifications

Sailing

Instructor/Coach

Expires

<input type="text"/>	<input type="text"/>
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Powerboat

Other Qualifications

Paddling

First Aid

Expires

<input type="text"/>	<input type="text"/>
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A valid First Aid certificate is required to drive safety boats

## Medical

Do you have any learning difficulties or medical conditions that we should be aware of?

E.g. Angina, Asthma, Diabetes, Epilepsy?

Are you allergic to anything? Do you have regular medication?

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## Availability

Please mark the times you would be able to volunteer at ESSA.

This is not a formal contract, just an indication of availability.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Morning</b> 9.00-12.00							
<b>Afternoon</b> 13.00-17.00							
<b>Evening</b> 17.00-21.00							

## Referees (Not applicable to existing crew)

Please give the names of the two referees who we may approach for a reference.

Referees must be over 18 years of age and not a member of your family.

### Referee 1

Name

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Address

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Tel

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### Referee 2

Name

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Address

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Tel

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All ESSA crew aged 16 and over must also complete a DBS application form.

## Declaration (To be completed by a parent/carer if under 16)

I confirm that I am physically fit to take part in activities and agree to abide by or terms and conditions and code of conduct. I also confirm that I am able to swim 50m.

I give permission for any photographs/film taken of me when at ESSA to be used in both internal and external media (including the internet) to promote ESSA.

**Yes / No** (Delete as applicable)

Should you select no we will make every effort not to photograph you, however you must share the responsibility for this and identify yourself to the photographer.

Signed

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Date

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## For ESSA Use Only

DBS check application completed. Date: 



 Checked By:

Accepted as Crew Member. Date: 



 By:

Any information you provide will be held in a data base by a person appointed as a records officer by ESSA. This information will be held in confidence in accordance with the provisions of the Data Protections Act 1998. ESSA may use it to inform you by letter, telephone, e-mail or otherwise about any courses or activities offered, unless you have asked us not to do so.