Friend Ships Unlimited

1019 North First Avenue * Lake Charles, LA 70601 U.S.A * Tel: (337) 433-5022 * Fax: (337) 433-3433 * E-mail: SeaHawks@friendships.org * www.friendships.org

SEA HAWKS APPLICATION

You must answer every question and ☑ check boxes that apply. Please use blue or black ink and print neatly. Thank you!

Personal Information

Name:

Address:

City: State: Zip:

Country: Country Code:

Please fill out appropriate telephone numbers and ☑ check your preferred contact number.

☐ Home:_____ ☐ Cell:_____

☐ Work:_____ Ext.:_____

Highly preferred method of contacting you.

E-mail:

☐ Male ☐ Female | Height____' ____" Weight____ lbs. | Date of Birth:_____ (Month / Day / Year) | T-Shirt Size: ☐S ☐M ☐L ☐XL ☐XXL

U.S. Citizen ☐Yes or ☐No **If No,** what is your nationality?

Marital Status: ☐ Single ☐ Married ☐ Single-Parent ☐ Engaged

Experience Background

Do you have any experience in the following: *(Please check ☑ the boxes that apply to you.)*

☐ Domestics ☐ Carpentry ☐ Painting ☐ Maritime Skills ☐ Security ☐ Office / Computer ☐ Children's Ministry

☐ Cooking ☐ Electronics ☐ Mechanics ☐ Engineering ☐ Music ☐ Disaster Response

☐ Other:_____

Please expound on above areas of experience and other areas not specified:_____

(Please use additional paper if needed.)

Please describe any previous short or long term volunteer work you have participated in:_____

Why do you desire to participate in the Sea Hawks program? _____

(Please use additional paper if needed.)

Have you used any of the following in the past three years? *(Please check ☑)*

☐ Excessive Alcohol ☐ Sleeping Pills ☐ Mood Elevators ☐ Tranquilizers ☐ Marijuana ☐ Cocaine ☐ LSD ☐ Heroin

☐ Tobacco Products ☐ Other (ILLEGAL DRUGS / SUBSTANCES):_____

If you checked ☑ any of the above items please specify the reason, frequency and date of last use:_____

_____

_____

Have you ever been convicted of a felony? ☐ Yes or ☐ No **If Yes,** When & details:_____

_____

_____

_____

Are you on probation? ☐ Yes or ☐ No **If Yes,** Please give details:_____

_____

(Please use additional paper if needed.)

Do you have any outstanding debts? ☐ Yes or ☐ No **If Yes,** Please give details:_____

_____

_____

Will you have sufficient income to cover these debts while working with Friend Ships? ☐ Yes or ☐ No

Please give details: _____

_____

Emergency Information

Name of Contact:_____

Relationship:_____

City_____ State:_____

Country: Country Code:

Please fill out telephone numbers and ☑ check best contact number.

☐ Home:_____ ☐ Cell:_____

☐ Work:_____ Ext.:_____

E-mail:

Please fill in information for the Pastor or Church Leader you have submitted a reference form to:

Name:_____

Position:

Church:_____

Telephone: Ext.:

Please list a current or most recent employer we may contact as a reference:

Name:_____

Position:

Company:_____

Telephone: Ext.:

Feedback

How did you hear about Friend Ships? *(Please ☑ check all that apply)*

☐ Internet/Website	☐ Tradeshow	☐ Magazine/Newspaper	☐ Heard speaker	☐ Book/audio	☐ College	☐ News
☐ Visiting group *(specify in comments)*	☐ Radio broadcast *(specify in comments)*	☐ Friend / Crewmember	☐ T.V. broadcast *(specify in comments)*	☐ Other:_____		

Comments/Details:_____

_____

Applicant's Signature:_____ Date: _____