



Volunteer Application Onshore Crew

Thank you for your interest in volunteering with Ocean Defenders Alliance (ODA)! While it is true that much of our work happens at sea, there is a great deal of land-based activity as well—and we appreciate your willingness to get involved!

Name (Last, First)	Today's Date (YYYY//MM/DD)
Nickname	Date of Birth (YYYY//MM/DD)
Residence Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City / State	E-mail
Postal Code / Country	Alternate email
Drivers License # (please bring card to 1 st meeting)	Mobile Phone
	Home Phone
	Work Phone

AVAILABILITY

<input type="checkbox"/> Long-term	<input type="checkbox"/> Short Term	<input type="checkbox"/> Project Specific (please list type of project)
Note days & times / number of hours per week:		

INTERESTS (please check all that interest you)

<input type="checkbox"/> Distribute printed material	<input type="checkbox"/> Video editing	<input type="checkbox"/> Work on vessel while in port	<input type="checkbox"/> Staff info table at event or festival	<input type="checkbox"/> Computer repair <input type="checkbox"/> Data entry
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Assist with a large ODA event	<input type="checkbox"/> Hold your own benefit or party	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Cultivate media awareness
<input type="checkbox"/> Host volunteers: provide hospitality at your home		<input type="checkbox"/> Other, please specify		
<input type="checkbox"/> Provide food for boat crew				

WORK HISTORY (please complete by hand, and feel free to attach a resume or additional materials)

Current work or occupation	How long?	Duties
Previous work or occupation	Start Date: End Date:	Duties
Previous work or occupation	Start Date: End Date:	Duties

SKILLS

Volunteer experience – current and/or previous (name of organization and volunteer duties)	
Special training or certification	Education
Other relevant experience	

Have you been convicted of a crime (other than traffic violations or misdemeanors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain (a Yes does not necessarily disqualify you):	

REFERENCES (Please do not list family members)

Name	Relationship
Street Address	City/State/Zip
Best Contact Phone	Email

Name	Relationship
Street Address	City/State/Zip
Best Contact Phone	Email

EMERGENCY CONTACT

Name	Relationship
Home Phone	Work Phone

Privacy and Data Control: I agree that this information may be maintained, transferred, and processed by ODA and its employees, associates, and affiliates in the USA and elsewhere. Note: ODA will never share your contact information with other organizations.

Confidentiality, Copyright, and Miscellaneous: By signing and dating this form below, I acknowledge the responses to these questions are true to the best of my knowledge. I understand that false statements on this application may subject me to immediate dismissal at the sole discretion of ODA without any notice, comment, or hearing. I will keep confidential everything related to ODA that I may hear, see, read, or learn about (including but not limited to: membership data, operational information, personal information about others, financial information, etc.) while volunteering with ODA. If I receive any property or information from or belonging to ODA I will immediately return it if so requested. Any work I do as a volunteer for ODA will belong to ODA, including any copyright in any writings, photographs, video and/or audio recordings, etc.

Signed: _____ Date: _____