



Office ID # _____	CT Class _____	CPR _____
Photo ID Check _____	Stewards of Children _____	I-9 / W-4 _____
Background Check _____	Code of Conduct _____	Key Issued _____
Drug Test _____	ServSafe _____	
\$ _____	TWIC _____	

VOLUNTEER CREW APPLICATION

DATE: _____

Please indicate your area of volunteer interest:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sailing Crew | <input type="checkbox"/> Building Guide / Ship Tours | <input type="checkbox"/> Educator: Ship / Building |
| <input type="checkbox"/> Ship Maintenance | <input type="checkbox"/> Event Volunteer | <input type="checkbox"/> Landscaping Crew |

Last _____ First _____ MI _____ Nickname _____ Title (Mr., etc.) _____
 Full legal Name (required for port security)

Optional: Marital Status _____ Spouse/Partner's Name _____

Address _____

City _____ ST _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Work Phone (____) _____ - _____ Fax Number (____) _____ - _____

E-Mail Address _____ (Please Print Clearly)

Current Occupation _____ Company _____

Hobbies _____

Maritime/Nautical Experience: _____

Any special licenses? _____ **Describe** _____

Can you swim about 50 yards, or tread water for 10 minutes? _____

Skills and Experience: (Please check all that you've done!)

- | | | | |
|--|---|------------------------------------|--|
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Construction | <input type="checkbox"/> Education | <input type="checkbox"/> Graphics |
| <input type="checkbox"/> Rigging/Sail Repair | <input type="checkbox"/> Blacksmithing | <input type="checkbox"/> Scouting | <input type="checkbox"/> IT |
| <input type="checkbox"/> Electrical/Mechanical | <input type="checkbox"/> Carving | <input type="checkbox"/> Sewing | <input type="checkbox"/> Web Site Design |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Artist | <input type="checkbox"/> Marketing |

Besides volunteering as crew, list any skills/services you could offer the Foundation (i.e., what can you do for us that we don't even know we need?) _____

Promotional Material Release:

(Initial) _____ I give the Kalmar Nyckel Foundation permission to publish, copyright, and use pictures/video with my image and name for promotional purposes.

OR (Initial) _____ Please do not use my image/name for promotional purposes.

Signature _____



KALMAR NYCKEL
The Tall Ship of
 DELAWARE

Medical Form - CONFIDENTIAL

Date: ____/____/____

D.O.B. ____/____/____

Full legal Name (required for port security)

Last: _____ First: _____ MI: _____ Preferred Name: _____

Sex _____ Glasses Y N Near-sighted Y N Far-sighted Y N
 Height _____ Contacts Y N Pace-Maker Y N Hearing Aid Y N
 Weight _____

Are you currently under the regular care of a physician? Y N
 Are you currently under the regular care of a psychiatrist? Y N
 If yes to either question, please describe condition and treatment. _____

Do you have any of the following chronic conditions?
 High Blood Pressure? _____
 Epilepsy? _____
 Heart Disease? _____
 Diabetes? _____ If yes, do you take insulin? _____
 Breathing Problems? _____, If yes, do you use an inhaler? _____.

Do you have any Allergies? If yes, please list allergies.
 Drug Allergies? _____ Food Allergies? _____ Environmental (bees, etc.)? _____
 If yes, do you carry an Epinephrine auto-injector ? Y N

Are you currently taking any prescription or regular Over-The-Counter (OTC) medications? Y N
 If Yes, Please list all prescription or regular OTC medications you are currently taking: (USE BACK IF NEEDED)

Name of medication	Condition medication treats	Symptoms we'll notice if med. is skipped, or if a medical problem arises related to this condition	Will you bring this medication if on the ship for a day?/week?

To the best of my knowledge, all of the above information is correct. I further understand that any misrepresentation or falsifying of the above information is grounds for immediate dismissal from the ship and Foundation programs. I feel that I am physically and mentally able to participate in the activities onboard and I agree to inform the Master of the *Kalmar Nyckel* if and when any information given on this form changes.

Signature X _____ **Staff Witness: X** _____

Emergency Contact Name: _____ Relationship: _____
 (someone not on ship with you)

Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

KALMAR NYCKEL FOUNDATION
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration of being allowed to participate in programs and other events and to use the facilities, equipment and other services at, upon or about the *Kalmar Nyckel* (ship) and Kalmar Nyckel Foundation complex (Copeland Center and outbuildings) located at 1124 East 7th St., Wilmington, DE 19801 (collectively, "Kalmar Nyckel"), the undersigned, for himself/herself and for his or her heirs, agents, personal representatives and assigns (and if the undersigned is a minor, the undersigned's parents, guardians and other care-givers), does hereby agree to the greatest extent permitted by law, as follows:

Assumption of Risk: The undersigned hereby acknowledges and agrees that the undersigned (i) understands the nature of the activities to be undertaken for the Kalmar Nyckel and that there are inherent risks and dangers associated with such activities, including, without limitation, contracting an infectious disease, injury, pain, suffering, illness and/or death, and (ii) knowingly and voluntarily accepts and assumes responsibility for each of those risks and dangers and all other risks and dangers that arise out of or occur during the undersigned's activities for the Kalmar Nyckel.

Good Health: The undersigned represents that he or she 1) is in good health, 2) is NOT displaying any of the symptoms of COVID-19, including cough, sore throat, shortness of breath, fever or chills, lack of taste or smell, muscle or body aches, nausea or vomiting or diarrhea, and has NOT been in contact with anyone who is displaying any of those symptoms and 3) is proper physical condition for all activities in which the undersigned will participate for the Kalmar Nyckel.

Release and Waiver: The undersigned hereby irrevocably and unconditionally RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Kalmar Nyckel Foundation, and their respective members, officers, directors, agents, employees and sponsors (collectively, the "Releasees"), from and for any and all claims, liabilities, obligations, disputes, damages and causes of action of any kind or nature, known or unknown, which the undersigned may have or claim to have, now or in the future, directly or indirectly, with respect to any personal injury, accident, illness or death and/or property loss, however caused, arising from or in any way relating to the undersigned's activities, or otherwise occurring during any time while the undersigned is present at, upon or about the ship and complex excepting only those caused by the willful misconduct, gross negligence or intentional torts of Kalmar Nyckel Foundation.

Indemnification and Hold Harmless: The undersigned hereby agrees to INDEMNIFY, DEFEND AND HOLD HARMLESS the Kalmar Nyckel Foundation and all Releasees from and against any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including, without limitation, attorney's fees and court costs, arising from or in any way relating to the undersigned's activities, excepting only those caused by the willful misconduct, gross negligence or intentional torts of Kalmar Nyckel Foundation.

Severability: The undersigned expressly agrees that this Assumption of Risk, Release and Waiver of Liability and Indemnity Agreement (this "Agreement") is intended to be as broad and inclusive as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Binding Effect; Governing Law: This Agreement shall be binding upon the undersigned and the undersigned's heirs, agents, personal representatives and assigns (and if the undersigned is a minor, the undersigned's parents, guardians and other care-givers). This Agreement shall be governed by, and construed in accordance with, the laws of the State of Delaware (without giving effect to conflicts of law principles) and the state and federal courts located in Wilmington, Delaware shall be the exclusive venue for all actions and proceedings involving this Agreement or any claim arising from the undersigned's participation in programs and use of facilities. This Agreement constitutes the entire agreement of the undersigned with respect to the subject matter hereof and supersedes all prior oral and written agreements and understandings. This Agreement may not be withdrawn, cancelled, terminated, revoked, amended or revised by the undersigned.

CONTINUE ON NEXT PAGE!

INITIAL_____

Kalmar Nyckel Liability Waiver, page 2

COVID-19 WARNING

While the ship and facilities are operated and maintained pursuant to the applicable guidelines published by the Center for Disease Control and the State of Delaware, due to the nature of the virus causing COVID-19, no assurance or representation is made that the ship, facilities, and all employees, participants, guests, vendors, service providers and others that enter upon the Facility are free from COVID-19. Everyone entering upon the ship and facilities (or any art thereof) assumes the risk of contracting COVID-19 and/or other viruses related thereto, and anyone who does not want to assume the risk of being exposed to COVID-19 should stay away from the *Kalmar Nyckel* and the Kalmar Nyckel Foundation complex. By entering the ship and facilities, you agree that the Kalmar Nyckel Foundation, its trustees and staff shall not be liable if you are exposed to and/or contract COVID-19.

Staff, volunteers and visitors to the *Kalmar Nyckel* and the Kalmar Nyckel Foundation complex should endeavor to maintain 6 feet of distance between them and any person or individual outside their home. Face coverings must be worn at all times on the *Kalmar Nyckel* and the Kalmar Nyckel Foundation complex except when permission is given by a staff supervisor to work without a face covering.

Acknowledgement and Understanding: The undersigned has read this Agreement and has had an opportunity to ask questions about it. The undersigned fully understands this Agreement and acknowledges that the undersigned is giving up substantial rights in connection herewith, and that its terms are contractual and not merely recital.

INTENDING TO BE LEGALLY BOUND, THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT HE/SHE IS SIGNING THIS AGREEMENT FREELY, VOLUNTARILY AND WITH FULL UNDERSTANDING OF THE TERMS.

Print Name: _____

Address: _____

Date: _____

Signature _____

Signature of Parent/Guardian of Minor (under age of 18) _____

Print Name: _____

Address: _____

Kalmar Nyckel Foundation COVID-19 Information for Volunteers

This document is directed at participants in the volunteer programs of the Kalmar Nyckel Foundation, including crew, educators, guides, event volunteers, maintenance teams of the ship or shipyard, and any other activities for which volunteer assistance may be needed.

Introduction:

This year due to concerns about the spread of the novel coronavirus SARS-coV-2, the Kalmar Nyckel Foundation (KNF) will be significantly limiting our underway operations. Nevertheless, we will be holding a limited number of short, crew-only ship moves for the purpose of training, certification, engine testing, and providing ship appearances at the Wilmington Riverfront. In addition, a dry-docking period including maintenance crew and two overnight voyages to deliver the ship to and return from the shipyard in Mystic, CT, will need to be staffed. Finally, shore-based programming such as building/shipyard tours and the possibility of a return to limited public sailing after our return from Mystic are still under consideration by the KNF administration. KNF will take steps to mitigate the risks associated with all activities, but we recognize that there remains some potential for exposure to the virus. We hope that each participant will take time to reflect thoughtfully on risks, rewards, and vulnerabilities involved in participation with KNF this year.

Voluntary Participation:

While it is understood that KNF operates a volunteer program, we are often overwhelmed (impressed?) by the lengths to which our volunteer team will go to serve the needs of the ship and foundation. In light of this culture, we want to re-emphasize that participation is in fact *entirely voluntary*. It is probably not for everyone this year. We understand that and do not wish for anyone to feel pressured to participate. Our community will continue, and we will need your help again in the future!

Protocols:

KNF will be laying out a series of protocols for ship moves, voyages, etc. that we believe will mitigate *but not eliminate* the risk of infection to staff and crew. These protocols will be issued separately, and we may modify them as the science changes over the next few months. Further protocols will be issued for any other programming that KNF may elect to hold during the course of the season. We will require that all staff and volunteers comply with our procedures established in each protocol.

Duration:

This document specifically addresses risks and policies associated with the 2020 sailing season and with volunteer activities in the upcoming winter, but should be considered to be in effect until further notice. If new versions of this document are issued in the future as the public health landscape changes, they will supersede this version. If this document becomes unnecessary, KNF will issue a notice to that effect via email.

General Risk:

While our scientific understanding of the primary transmission of the novel coronavirus disease COVID-19 is still in its earliest stages, available guidance suggests that it is primarily transferred via respiratory particles (larger particles known as “droplets,” and to some degree smaller ones known as “aerosols”). It is possible to transfer these particles from one person to another with a touched surface (or “fomite”) as an intermediary; however it appears that the most common form of transmission is directly from one person to another via breathing, talking, projecting the voice, coughing, sneezing, etc.

6/22/2020

INITIAL_____

Mitigating Risk:

Throughout all KNF operations, basic precautions that will be taken to address these risks include:

- **Wearing of face coverings:** While there is evidence that cloth face coverings help to interrupt the dispersal of droplets, their ability to filter smaller aerosol particles is limited, and considerations such as fabric weave, number of layers, and quality of fit have a significant impact on the efficacy of face coverings. Face-coverings will be required for all participants in KNF programming this season, but without sufficient data to answer basic questions about face coverings and COVID-19 transmission, KNF is unable to fully evaluate the nature of this form of risk.
- **Hand-washing and touch-surface sanitizing:** Where multiple people touch the same object, the chain of transmission can be interrupted by frequent hand-washing and cleaning of surfaces that can reasonably be sanitized (eg. doorknobs and handrails, but probably not rigging). Cleaning protocols will be increased and hand sanitizing stations will be added in addition to the numerous existing hand-washing sinks, which will be kept stocked with hand soap and disposable paper towels.
- **Logged daily health checks:** temperature checks and self-evaluation for flu-like symptoms will be logged daily for all staff and volunteers.

Specific Risks of Sailing:

The nature of sailing as an outdoor activity with air circulation and sunlight is probably a factor in reducing risk of transmission of COVID-19 through the dilution of respiratory particles and the exposure of high-touch surfaces to ultraviolet light. For this reason, sailing may represent an opportunity for some level of activity and social interaction in a mitigated-risk format.

However, specific risk comes in the form of work requiring multiple people in close quarters, such as hauling or sweating lines. The necessary practice of high-volume call-and-response communication across the ship may also increase droplet dispersal.

Specific Risks of Public and Education Programming:

As KNF continues to evaluate the possibilities for public programming this season, certain further risks must be considered. All participants will be required to wear face coverings, but childrens' mask habits may limit their efficacy. Providing quality, interactive programming traditionally requires touchable objects with which students, and to some extent the public, interact. The face-to-face nature of making presentations to a group of any age or size increases exposure. While outdoor programming will help mitigate viral transmission risks, other safety concerns such as electrical storms, and basic logistics such as restrooms highlight the absolute requirement for some indoor capacity.

Respiratory particle transmission indoors is probably much more likely than outdoors due to more limited air circulation. High-touch surfaces (such as doorknobs) inside a building are in near-constant use by all participants.

CONTINUED ON NEXT PAGE

Specific Risks of Maintenance, Landscaping, Building/IT Support, etc:

The many “behind-the-scenes” activities that make KNF function both on land and at sea will be continued on a case-by-case basis this season. Many of these activities can be carried out on a relatively solitary, low-risk basis, especially with basic protocols in place for restrooms and touch surfaces. Without constant oversight of every activity that may take place in the shipyard, however, the safety of these activities depends on individual responsibility. While our community is in general extremely thoughtful and caring, the possibility of lapse of participation must be considered a risk.

Self-evaluation of Risk:

The level of risk that these activities pose to you depends on your personal situation, vulnerability of yourself and those who are exposed to you, and level of risk-tolerance. It is neither possible nor appropriate for KNF to evaluate your personal risk factors; you must perform this evaluation for yourself.

Risk to your shipmates:

We ask that you also consider your own level of exposure outside of KNF and the risk you may pose to your shipmates by participating. If you or your family member works in a very high-exposure field, this may not be the year that you should be working in close proximity to other volunteers. We rely on you to make decisions on our behalf in this situation. DO NOT come to the Kalmar Nyckel Foundation if you are experiencing symptoms of COVID-19. Additionally, we would be grateful if you would contact us if you should become symptomatic or test positive after participating in a KNF program.

Right to Withdraw:

Keep in mind that initialing this form is not an agreement to participate. It is simply an acknowledgement that you understand the individual risk and responsibilities you bear *should* you choose to participate in a KNF event.

Updated Kalmar Nyckel Foundation Waiver

KNF is issuing a new KNF “assumption of risk release and waiver of liability and indemnity agreement” to replace the original Hold Harmless document. Please note that we are requiring all volunteers to initial this form *and* sign the updated hold harmless agreement prior to participating in our volunteer programs.

Contact us with Questions:

As always, we encourage you to contact us with questions.

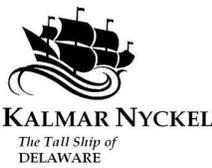
Ship: captainlauren@kalmarnyckel.org OR captainsharon@kalmarnyckel.org

Education: david.livingstone@kalmarnyckel.org

Building/shipyard miscellaneous: captainsharon@kalmarnyckel.org

Print Name: _____

Signature: _____, Date _____



KNF Code of Conduct

I will honor our core values by maintaining a high personal standard of conduct. I will carry out my duties and tasks to the best of my ability and take personal accountability to improve my capabilities over time. I will behave in an honest and ethical way. I will ensure that my actions and behaviors never reflect poorly on the Foundation or compromise our educational mission. I will not use profane language or wear inappropriate clothing.

I will be respectful and positive in all my interactions with staff, volunteers, our customers and the general public. I will be considerate towards my shipmates and fellow volunteers. I will avoid all forms of discrimination and will respect the dignity of each person without regard to economic status, age, gender, race, ethnicity, religion, sexual orientation or physical or mental abilities. I will be a good teammate and will avoid jokes made at the expense of others or any other unwelcome behaviors.

I will help create an exceptional experience for our customers. I am aware that the future of the Foundation is directly tied to the effectiveness of the educational and cultural experiences we create.

I will be alert to and report any inappropriate or potentially inappropriate behavior (harassment, discrimination, sexual overtures or contact, offensive language or gestures, any form of abusive behavior, drug or alcohol abuse). I am aware that sexual abuse of children is an issue in our society and I will be especially sensitive that children and youth are not exposed to inappropriate behavior, abuse, sexual or otherwise, or ridicule. I will avoid situations where I am alone with guest children/youth and will follow the two adult rule. I am aware of my legal obligation to report observed or suspected child abuse or neglect to Delaware Child Protective Services. I am aware of my responsibility to report any violations of the KNF's Youth Protection Policies.

I will respect the chain of command at all times.

I understand that reporting gross breaches of the code of conduct is appropriate regardless of my status within the chain of command. I will handle such a situation thoughtfully and with discretion out of respect to all parties involved.

I will consider the safety of myself and others in all my actions. I will know what to do and to whom to report in emergency situations.

I know and will comply with the Foundation's policies regarding drugs, alcohol and tobacco. I understand and support the Foundation's zero tolerance for illegal drug use and will ensure that the Captain is aware of any prescription drugs I take. I will not use or be under the influence of alcohol at any time while volunteering and will strictly adhere to the Coast Guard and Captain's rules regarding alcohol use while with the ship. I understand that excessive or underage drinking will not be tolerated. I will smoke only in designated areas and never on the ship.

I will strive to be punctual so that others are not required to wait for me.

I will treat the ship and all Foundation property with respect and take proper care of the same. I will clean up more than the mess I make. When living on the ship, I will ensure that all my gear is confined within my bunk at all times (except foul weather gear).

I understand that as a volunteer for the KNF I am subject to criminal background checks, a drug screen and continuing random drug screening (sailing crew) and that any actions inconsistent with this Code of Conduct may result in my removal as a volunteer.

Signed: _____ Date: _____

Printed Name: _____