## **MISSION LIFELINE** "Crew" Questionnaire

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Many thanks! You have volunteered for our project. Please fill in this questionnaire to make our pick easier and then send it to the following e-mail address: **crew@mission-lifeline.de** 

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Your data will be treated confidentially and will not be passed on to third parties without consultation. Do not get impatient if we do not let you know immediately, we take the evaluation of crew members very seriously and therefore need some time. The fields with a gray background can be filled in directly on PC. Please use free-of charge Adobe Acrobat Reader to do so. If there are options, a green tick appears in the field next to 'click'.

I agree that my personal information will be stored in the crew pool of Mission Lifeline e.V. for longer than the legally restricted periods.

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Title		Vegan/Vegetarian
Given Name		Allergies/ Intolerances
Family Name		Medication
Date of Birth		(if yes, which)
Place of Birth		Any other specifics
Address		
Nationality		
Phone		
E-Mail		

## 1. Which position on the ship you would like to take? Multiple answers possible.

Captain	Medic/Paramedic
First Mate	RHIB Driver
Head of Mission	Intercultural Mediator/ Human Rights Observer
Deck´s Hand	Media Coordinator
Engineer	Ship´s Cook
Shin´s electrician / IT (linux)	Press

None		SBF (Sports	SBF (Sports boat driver license)	
Radio SRC		Coastal spo	Coastal sports boat license	
Radio LRC		Ocean spo	Ocean sports boat license	
Medical Certificate a STCW and MLC	cc. to	Deep Sea s	Deep Sea sports boat license	
Certificates of	Competence			
STCW Basic Safety		Marine Engineer (<750kW)		
Captain´s license		First W	First Watch Officer/First Mate	
Technical Watch Offi	cer	Watchr	Watchman	
2nd Technical watch	Officer			
Other, (e.g. driver´s	license)			
3. What is your pro	fessional/voluntary	background?		
Period (from/to)	Employer/project		Position	
4. Which language s	skills do you have?			
English	German	Spanish	ltalian	
French	Arabic	Other		
5. What medical qu	alifications do you l	nave? (Send us a	сору)	
6. Please indicate d	uring which periods	s vou are availah	le	

2. What nautical/ship operating certificates do you hold? (Please send us a copy)

7. Do you have experience with international and disaster operations? If so, please summarize them briefly
8. What other qualifications do you have which may contribute our project?
9. What motivated you to contact us?
10. Here is some space for a personal message

