



**Canadian Coast Guard Auxiliary
Central and Arctic
Candidate Summary Sheet**

Facility # _____
Date Enrolled _____
Owner # _____

To be completed by the individual candidate.

The under- mentioned person makes an application to join the Coast Guard Auxiliary (C&A)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Surname: _____	First name: _____
	Email: _____	
Occupation _____	Canadian Citizen or Landed Immigrant <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth date ___ ___ ___ Month Day Year
Address (including Postal code) _____		Phone number Home: _____ Work: _____
Next of Kin Name of Next of Kin _____ Relationship: _____ Contact information _____		
Qualifications A. Memberships in any boating organizations (CPS / CYA / COF / Red Cross / St John Yacht Club etc)		
Qualifications B. Describe any nautical experience (fire fighting / police / armed services.)		
Qualifications C. Does the applicant have a Marine restricted radio Operators Restricted (VHF) License <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> DSC endorsement Does the applicant hold a Pleasure Craft Operator Card (PCOC) <input type="checkbox"/> No <input type="checkbox"/> Yes List courses attended and attached copies of certificates and licenses.		
Qualifications D List professional or trade qualifications		
Qualifications E. Do you have any medical concerns/disabilities? <i>If yes, list any physical or health disabilities.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes		
Qualifications F. A passport type and size picture must be included with membership application.		
Qualifications G. Completed and signed and witnessed MOU and Insurance form attached.		
Qualifications H. Signed Harassment Prevention Policy form attached.		
<i>I solemnly state the foregoing to be true and I understand any misrepresentation may result in immediate annulment of my membership in the Auxiliary. If accepted into the membership of the Auxiliary, I agree as a condition thereto, that I will abide by the rules, regulations and bylaws of the Auxiliary, and in particular and without limiting the generality of the foregoing.</i> I agree to waive any and all rights of salvage of life or property to which I or my vessel might otherwise be entitled, resulting from an authorized activity as defined within the Members Manual.		
Signature of Applicant _____		Date _____
Authorization of unit leader. I verify this applicant will be a regular serving member of my crew ___ or group ___ Signature of unit leader _____ Date _____		
CCGA Use Only below this line		
Details verified A. ___ B. ___ C. ___ D. ___ E. ___ F. ___ G. ___ H. ___		
District Director approval Signature _____ Date _____		
Applicant accepted ___ or declined ___ Reason _____		
Basis of membership <input type="checkbox"/> Facility owner <input type="checkbox"/> Crew person <input type="checkbox"/> Other ___ Membership # ___		
Unit assigned to Name _____ Unit # _____		
CCGA C&A Secretary Approval Signature _____ Date _____		