

Farallon Patrol Membership Application

Skipper Name: _____

Mailing Address: _____

City, ST Zip: _____

Contact Information

Home Phone: () - _____

Office Phone: () - _____

Cell Phone: () - _____

Email Address: _____

Emergency Contact Information

Name: _____

Relationship: _____

Home Phone: () - _____

Office Phone: () - _____

Cell Phone: () - _____

Health Information

Do you have any physical or health conditions which might impair your ability to safely skipper your boat to the Farallones and back? YES NO

If yes, please provide details:

Sailing/Boating Experience

How many years have you been sailing/boating? _____

Have you taken a USCG or other course in boating safety? YES NO

If yes, please provide description, date and location of course:

Has your boat had a USCG Vessel Safety Check, voluntary or otherwise? YES NO

If yes, please provide details:

On average, how many days per year do you use your boat? _____

Where do you primarily use your boat? _____

Do you consider yourself proficient in the following?:

Man overboard procedures	YES	NO
Anchoring	YES	NO
Coastal navigation	YES	NO
Use of your boat's radio(s)	YES	NO
GPS	YES	NO
Radar	YES	NO

Have you ever been cited by the USCG or other boating authorities for an infraction of applicable regulations?

If yes, please provide details:

Have you ever been involved in a boating accident which resulted in damage to either vessel in excess of \$500, or personal injury or death?

If yes, please provide details:

Have you ever been denied insurance on any boat owned by you?

If yes, please provide details:

Your Boat

Boat name: _____

Documentation # or State _____

Registration #: _____

Sail or power?: _____

Make/Model: _____

Year built: _____

Length overall: _____

Length on waterline: _____

Displacement: _____

Draft: _____

Beam: _____

Engine make: _____

Engine horsepower: _____

Diesel or gasoline _____

Fuel capacity: _____ gallons

Number of crew: _____

Max passengers: _____ (not including captain/crew)

Hull color: _____
 Where is the boat docked?: _____
 Town: _____
 Marina: _____
 Dock/Slip #: _____

Insurance

Name of Insurer: _____
 Address: _____
 City, ST Zip: _____
 Policy #: _____
 Liability limits: _____

****Please attach a Certificate of Insurance to your application****

Equipment

Please indicate if your boat is equipped with the following and in good working order:

Compass	YES	NO
Wind speed	YES	NO
Boat speed	YES	NO
Depth sounder	YES	NO
GPS	YES	NO
Backup GPS	YES	NO
Radar	YES	NO
Radar reflector	YES	NO
Running lights	YES	NO
VHF radio	YES	NO
SSB radio	YES	NO
Satellite phone	YES	NO
Life raft	YES	NO

Manufacturer _____

Date of manufacture _____

Capacity _____ persons

Date last inspected and repacked _____

Man overboard module	YES	NO
Horseshoe buoy with pole	YES	NO

Life sling	YES	NO		
Life jackets	YES	NO		
	Type	_____		
	Quantity	_____		
Flares	YES	NO		
	2 Solas Red parachute flares		YES	NO
	2 Solas Red hand flares		YES	NO
	2 Orange handheld smoke flares		YES	NO
Bell	YES	NO		
Jack lines	YES	NO		
Safety harnesses	YES	NO		
	Type	_____		
	Quantity	_____		
Anchors	YES	NO		
	Type	_____		
	Quantity	_____		
	Weight	_____		
	Length of chain	_____		
	Rode	_____		
Bilge pumps	YES	NO		
	Quantity	_____	electric	
	Quantity	_____	manual	
	Location	_____		
Marine sanitary device	YES	NO		
	Type	_____		
	Quantity	_____		
First aid kit	YES	NO		
Copy of navigation rules	YES	NO		
MARPOL trash placard	YES	NO		
Pollution placard	YES	NO		
Fire extinguishers	YES	NO		
	Type	_____		
	Quantity	_____		
	Verified serviceable?		YES	NO
Whistle, siren or horn			YES	NO

Capable of producing a 4 second blast audible for 1/2 mile? YES NO

Availability

Although most runs to the Farallones are scheduled on weekends, are you available to make runs on weekdays? YES NO

Please describe any times of the year when you would not be available to make runs:

Please include with this application a detailed resume of your sailing/boating experience with particular emphasis on ocean experience. In each case, include the type of boat and your capacity (i.e. captain, crew)

Representation

I have read and understand the Farallon Patrol Rules & Protocols and by signing this application, I undertake that if accepted by the Farallon Patrol I will abide by them fully (please sign and date).

Signature _____
Date _____

Please submit your completed and signed application electronically to Commodore Keith Sedwick at kbsedwick@hotmail.com, or by mail to:

Eve Williams, Farallon Patrol Coordinator
3820 Cypress Drive, Suite 11
Petaluma, CA 94954