



**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 _____	<b>Canadian Citizen or Landed Immigrant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Birth date</b> ___ ___ / ___ ___ / ___ ___ Month   Day   Year
Address ( including Postal code) _____		<b>Phone number</b> Home: _____ Work: _____
<b>Next of Kin</b> Name of Next of Kin _____ Relationship: _____  Contact information _____		
<b>Qualifications A.</b> Memberships in any boating organizations ( CPS / CYA / COF / Red Cross / St John Yacht Club etc)		
<b>Qualifications B.</b> Describe any nautical experience ( fire fighting / police / armed services.)		
<b>Qualifications C.</b> 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 <b>List courses attended and attached copies of certificates and licenses.</b>		
<b>Qualifications D</b> List professional or trade qualifications		
<b>Qualifications E.</b> <b>Do you have any medical concerns/disabilities?</b> If yes, list any physical or health disabilities. <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Qualifications F.</b> A passport type and size picture must be included with membership application.		
<b>Qualifications G.</b> Completed and signed and witnessed MOU and Insurance form attached.		
<b>Qualifications H.</b> 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> <b>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.</b>		
Signature of Applicant _____		Date _____
<b>Authorization of unit leader.</b> I verify this applicant will be a regular serving member of my crew ___ or group ___ Signature of unit leader _____ Date _____		
<b>CCGA Use Only below this line</b>		
<b>Details verified</b> A. ___ B. ___ C. ___ D. ___ E. ___ F. ___ G. ___ H. ___		
<b>District Director approval</b> Signature _____ Date _____		
<b>Applicant accepted</b> ___ <b>or declined</b> ___ <b>Reason</b> _____		
<b>Basis of membership</b> <input type="checkbox"/> Facility owner <input type="checkbox"/> Crew person <input type="checkbox"/> Other _____ <b>Membership #</b> _____		
<b>Unit assigned to</b> Name _____ Unit # _____		
<b>CCGA C&amp;A Secretary Approval</b> Signature _____ Date _____		