

MICHIGAN  
MARITIME  
MUSEUM



**FRIENDS GOOD WILL**

**APPLICATION FOR SHIP'S COMPANY**

Upon completion, submission, and acceptance of this application by the Michigan Maritime Museum, the applicant agrees to serve as a member of the *Friends Good Will Ship's Company* for the period 1 October thru 30 September, next. The applicant will serve the then current needs of the vessel and her programs, including rigging, de-rigging, maintenance, and crewing for day-sails, charter events, and passages to and from maritime events. Ship's company members must be members of the Michigan Maritime Museum, are you a member? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer Address (if any): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Summer Phone (if any): (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Birth Date: \_\_\_\_\_

General Health: \_\_\_\_\_

Limitations affecting service as crew (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sailing Experience (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience sailing tall ships or historic vessels: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of interest (such as rigging, navigation, cooking, systems engineering, black powder gunnery, naval traditions and history, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Available skills (such as period musical instruments, painting, varnishing, carpentry, diesel engine maintenance, cooking, sewing canvas and cushions, rigging and marlinspike, certificates and/or classes in navigation, USCG licenses, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any background as a physician, nurse or hold any training in first aid or CPR?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Accepted (Michigan Maritime Museum): \_\_\_\_\_

Dated: \_\_\_\_\_

*Please return completed application to:*

Michigan Maritime Museum  
260 Dyckman Avenue  
South Haven, MI 49090  
(269) 637-8078