



ST VINCENT AND THE GRENADINES COASTGUARD SERVICE

**SVGS CALLIAQUA,
Coast Guard Base, Calliaqua
P.O. Box 3020, Kingstown,
St. Vincent, WI.**

Telephone No: 784-457-4578/4554 Fax No: 784-457-4586 Email address: svgcoguard@vincysurf.com

APPLICATION FORM FOR ENLISTMENT

(Two recent testimonials, birth certificate, proof of qualifications, application letter and passport size photo to be attached)

Surname (Mr./Mrs./Miss).....

Christian name (s).....

Date of Birth

Country of Birth.....

Nationality.....

Living Address.....

Mailing Address.....

Present Occupation if any.....

Hobbies & Games.....

National Identification/Passport No.....expiration Date.....

Phone (Home)..... (Work)..... (Cell)..... (Fax).....

Email

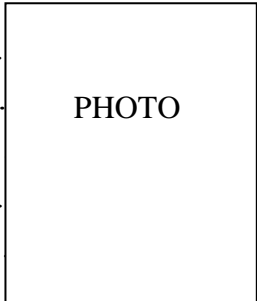
Name of person to be contacted in case of emergency.....

Address

Relationship to you

Phone (Home)..... (Work)..... (Cell)..... (Fax).....

Email



BACKGROUND

Section 1

- a. Have you ever been convicted of a criminal offence? Yes () No ()
- b. If yes, what was the offence?
- c. When was the conviction?
- d. What was the sentence?
- e. Have you ever been involved in any criminal activity? Yes () No ()

f. If yes, what was the activity?

Section 2

- a. Has any member of your immediate family ever been convicted of a criminal offence? Yes () No ()
- b. If yes, what was the relationship to you?
- c. What was the offence?
- d. When was the conviction?
- e. What was the sentence?
- f. To the best of your knowledge, has any member of your immediate family ever been involved any criminal activity? Yes () No ()
- g. If yes, what was the activity?
- h. What is the relationship to you?

Section 3

- a. Are you a swimmer? Yes () No ()
- b. How will you rate yourself? Weak () Good () Strong at Sea ()
- c. Have you ever worked on the sea before? Yes () No ()

Educational background

- a. What is your level of education? Primary () Secondary () College () University ()
- b. Do you have specialized training? Yes () No ()
- c. If yes what is the area?
- d. Do you possess any special skills? Yes () No ()
- e. If yes, in which area?

Medical background

- a. Have you ever been diagnosed with form of mental illness? Yes () No ()
- b. If yes, please state the illness
- c. Do you suffer from asthma? Yes () No ()
- d. Do you suffer from epilepsy? Yes () No ()

- e. Do you have / suffer from any medical condition which may affect your functions as a member of the Coast Guard? Yes () No ()
- f. If yes, please state the condition
- g. Are you presently taking any medication (prescription or otherwise), which may affect your proper functioning as a member of the Coast Guard? Yes () No ()

Declaration

I _____ declare that the information I have given above is true and correct to the best of my knowledge and belief. I understand that if I have negligently or willfully stated any information above which I know to be false or which I do not believe to be true, I shall be liable to be denied entry into the Coast Guard.

I understand and agree that the acceptance of my application does not guarantee my enlistment to the Coast Guard, and that the final determination of my entry into said service lies with the Commander of that Service.

Dated this _____ day of _____ 20__

Signature of Applicant

This section is for official use only_____

Comments: