



Pacific Yacht Ministries

Volunteer Safety Survey

***Please carefully complete the following survey.
Your answers will assist us in providing for your safety.***

Full Name

Age

Swimming Ability

- Can you swim?
- How well?
- Will you wear a life jacket when required?

Fitness Level

- Are you very fit / average / unfit ?
- Are you able to walk for three hours & climb hills?
- Agility - can you climb short ladders, balance on rolling decks, balance in a small rubber dinghy, walk up and down slippery tracks?

Height / Weight

- What is your height?
- What is your weight?

Allergies

- Do you have any allergies?
- If so, are any of your allergies severe / anaphylactic?
- If so, please explain

Diabetes

- Are you diabetic?
- If so, are you insulin dependent?
- If so, is your diabetes well controlled?

Epilepsy

- Do you suffer from epilepsy?
- If so, is your epilepsy well controlled?

Asthma

- Are you asthmatic?
- If so, is your asthma well controlled?

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Heart Conditions

- Do you have any cardiac history?
- If so, what?

High Blood Pressure

- Do you suffer from high blood pressure?
- If so, is your blood pressure well controlled?

Mental Illness

- Do you suffer from a mental illness e.g. depression, anxiety, schizophrenia, obsessive compulsive disorder etc?
- If so, which illness?

- If so, is your condition well controlled?

Pregnancy

- Will you be pregnant during your PYM trip?

Current Medications

Please list medications you will be carrying with you -

Other Health Concerns

- Do you have any other health concerns we should be aware of?

- If so, please list

Thank you for completing this confidential survey.