

Welcome to the *Thomas G. Thompson*! When you report on board, a Crew familiarization form (SMM 6.2) will be provided to you and is to be completed prior to getting underway whenever possible. The Third Mate (3M) and your supervisor will assist you to complete this process. They will also either answer or find answers to any questions you may have on the below. The Port Captain is also available to answer any questions.

Before the hiring process is complete, read, understand and clarify as needed the below. Initial and date each blank ____/____ **Upon completion, return both pages to the Port Captain.** This personal information on page 2 will only be shared with the Master and UW personnel that have a need to know.

Read “What you need to know before sailing on a UW vessel”. This also includes reviewing the UNOLS Research Vessel Safety Standards (RVSS). These are found at:

<http://www.ocean.washington.edu/story/What+you+need+to+know+before+sailing+on+a+UW+vessel>

____/____ The above posting.

____/____ Smoking Policy: In accordance with the Washington State Clean Indoor Air Act and UW policies, due to the ship’s fire protection alarm system, smoking is not permitted within the ship. Smoking is only authorized at external locations designated by the Master. Ensure you understand the policy before you light up.

The below are found in SMM 1-6, at:

<https://www.ocean.washington.edu/story/UW+Safety+Managment+System+%28SMS%29+>

____/____ Safety and Environmental Policy

____/____ Harassment & Personal Relationships Policy

____/____ Watch the Sexual Harassment Video, found at the above link below SMM 1-6 (Note, you must have a UW Net ID to see this). If not available on line, you can watch it on board the ship during your check in.

____/____ Drug and Alcohol Policy

____/____ Employee Assistance Program

____/____ DPA role and information

Crew Information Sheet

Please have the following documents ready to present to Master:

- **Merchant Mariners Credential**
- **Passport**
- **TWIC**



Personal Info

Name _____

Address _____

City/State/ZIP _____

Telephone _____

Email (optional) _____

Emergency Contact Info

Next of Kin _____

Relationship _____

Address _____

City/State/ZIP _____

Telephone _____



You may disclose any allergies to medications or current medical conditions to the Master confidentially at the time you sign onboard, or list below.

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