*Sailability Capricornia Inc* PO Box 2134, Yeppoon 4703

E: info@sailabilitycapricornia.org

*Freedom of sailing regardless of ability* www: sailabilitycapricornia.org

**Registration Form – Volunteer**

SURNAME:…………………………………………………………FIRST NAME :………………………………….

ADDRESS:…………………………………………………………………………………………………………………

DATE OF BIRTH: …../..…/..…

PHONE:……………………………………MOBILE:……………………………………

EMAIL:………………………………………………………………………………………

CURRENT OCCUPATION:…………………………………………………WORK PHONE :………………………

ANY SPECIAL SKILLS AND INTERESTS: (eg: Sailing, Administration, IT, Boat Licence, Maintenance)

…………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………..

DO YOU HAVE CPR Certificate Y/N First Aid Y/N Blue Card Y/N [No. …………………….……………….]

[Expires ……...………….…………........]

PREVIOUS VOLUNTEER EXPERIENCE ……………………………………………..………………………………

…………………………………………………………………………………………………………………………………………

DO YOU HAVE A MEDICAL CONDITION? …………………………………………………………………………………

…………………………………………………………………………………………………………………………………………

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME:…………………………………………………………………………………RELATIONSHIP:……………………

ADDRESS:……………………………………………………………………………………………………………………..

PHONE: (H)……………………………………(M)………………………………………(W)…………………………….

I hereby apply to become a member of Sailability QLD Incorporated. I agree to abide by all decisions made by the Committee of Sailability Capricornia Inc at all events conducted by that organisation. I understand it will be necessary to have a current Blue Card in my role as Volunteer.

Signed:……………………………………………………………………………………… Date……………………

MEDIA RELEASE:

I give my consent to all photographs and/or video/audio recordings taken of me or my minor child by a Sailability Capricornia volunteer or their designee. I understand that any such photographs and/or video audio recordings become the property of Sailability Capricornia and may be used for promotional, educational or instructional purposes determined by Sailability Capricornia in broadcast and electronic media formats now existing or in the future created.

……….Yes I give my consent ……….No I do not give my consent (please check one)

Name:……………………………………………………………………………….Signed:…………………………………Date:…………………

Office Use Only: Add to database …. Add to phone …. Add to Weblist ….