



2017 Cockburn Sound Regatta Volunteer Registration



Name		Email	
☎ Home		☎ Mobile	
Address			
Sex (M or F)		Age	
Special Dietary Requirements			
Qualifications (Y or N)			
Recreational Skippers Ticket		Marine Radio Operators Certificate of Proficiency	
Responsible Serving of Alcohol		Senior First Aid or similar	
Other (eg Health, Marine, YA)			
Availability (Y or N)			
All Days		OR	
26 th December	AM	PM	Feeder Race
27 th December	AM	PM	Welcome & sailor briefing Public Open Day
28 th December	AM	PM	
29 th December	AM	PM	
30 th December	AM	PM	Closing & presentations
Preferred Tasks (eg on water, raffle tickets, bar, merchandise, etc)			
Special Requests (eg no strenuous work, work partner, etc)			
Comments			



The Cruising Yacht Club of Western Australia
60th Cockburn Sound Regatta



Volunteer Appointment Agreement and Consent Form

Agreement of the volunteer

You agree:

- 1 To provide voluntary services to The Cruising Yacht Club of WA Inc with the understanding that these services are provided without pay or expectation of any remuneration.
- 2 To provide your voluntary services to the best of your abilities, and to comply with all of the directions of The Cruising Yacht Club of WA Inc.
- 3 To keep confidential all information and all materials concerning The Cruising Yacht Club of WA Inc.
- 4 To safeguard your personal property located at the premises and to understand that we are not responsible for any lost, stolen or damaged personal property.
- 5 That you will not do anything to comprise your safety or the safety of others.
- 6 That you will not do anything, while providing the voluntary service, that may bring The Cruising Yacht Club of WA Inc. into disrepute.
- 7 To our administration of first aid and/or medical treatment if you are injured or ill while giving voluntary services.

I have read and understand this volunteer agreement.

Volunteer's signature _____

Volunteer's full name _____

_____/_____/2017

Emergency contact

Please give the name and contact phone number of a person who we should contact in the event of an emergency.

Name:

1. _____ Phone: _____
2. _____ Phone: _____