



## 2019 Cockburn Sound Regatta Volunteer Registration



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



## The Cruising Yacht Club of Western Australia 62<sup>nd</sup> 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 \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2019

#### 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: \_\_\_\_\_