

## 2021 Cockburn Sound Regatta Volunteer Registration



04th Cocko								
Name			Email					
Thome			① Mobile					
Address								
Sex (M or F)		Age						
Special Dietary Requirements								
Qualifications (Y or N)								
Recreational Skipp	ers Ticket		Marine Radio Operators					
			Certificate of Proficiency					
Responsible Servin	g of Alcohol	1	Senior First Aid or similar					
Other (eg Health, Marine, YA)								
Availability (Y or N)								
All Days	All Days			OR				
26 <sup>th</sup> December	AM		PM		Feeder Race			
27 <sup>th</sup> December	AM		PM		Welcome & sa	ailor briefing		
					Public Open I	Day		
28 <sup>th</sup> December	AM		PM					
29 <sup>th</sup> December	AM		PM					
30 <sup>th</sup> December	AM		PM		Closing & presentations			
Preferred Tasks (eg on water, raffle tickets, bar, merchandise, etc)								
Specia	l Requests (	eg no si	trenuous wo	rk, wor	k partner, etc	)		
Comments								



## The Cruising Yacht Club of Western Australia 64th Cockburn Sound Regatta



## **Volunteer Appointment Agreement and Consent Form**

## Agreement of the volunteer

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- 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.
- 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.
- 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.

I have read and understand this volunteer agreement.

- 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.

Volunteer's signature		
Volunteer's full name	Date	:/2021
Emergency contact Please give the name and contact phone number of an emergency. Name:	a person who we should	contact in the event of
1	Phone:	
2	Phone:	