



SAILABILITY WHITSUNDAY VOLUNTEER REGISTRATION

I,

hereby apply to become a Volunteer Member of Sailability Whitsunday Inc and if I am admitted as a Volunteer Member, I agree to be bound by:

- 1) The Constitution and decisions and directions of the Management Committee.
- 2) The Code of Conduct of Sailability Queensland and this branch.
- 3) The Privacy Policy of Sailability Queensland and this branch.
- 4) The release of my rights to images of myself however taken and used for promotional and training purposes by Sailability worldwide and this branch. I agree that my name and identity may be revealed in descriptive text and commentary in material used for promotional and training purposes by Sailability worldwide and this branch.

I authorise Sailability Whitsunday Inc to:

- 1) If required, apply on my behalf for a Blue Card and agree to notify the Management Committee when I will no longer be able to volunteer for Sailability Whitsunday.
- 2) Perform any other registrations or notifications required by law.

Tick which address is to be used for all official communications PTO if insufficient space below

Street Address: _____

Postal Address: _____

Email Address: _____

DOB / / Occupation: _____

Emergency contact phone: _____

Phone(s): Name: _____

Medical Conditions that may affect my volunteering with Sailability Whitsunday:

Volunteer History: _____

Circle - current licenses & certificates held - Boat, 1st Aid, Radio, Sailing, Training, Blue Card - Other PTO

* Record number & expiry of existing Blue Card if held: _____

Available ALL YEAR OR Period from ___ / ___ / ___ to ___ / ___ / ___

Signature (parent or guardian's name and signature if under 18 years of age) Date ___ / ___ / ___

* BC application sent / / MC approved / / Vol register / /
 BC approval letter rec'd / /