



Burlington Able Sail
841 LaSalle Park Road
Burlington, ON. L7T 4G9

Charitable Registration – 84584 8100 RR0001

VOLUNTEER REGISTRATION

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH (YY/MM/DD) _____

TELEPHONE: HOME _____ WORK _____

CELLULAR _____ EMAIL _____

ADDRESS: _____

CITY _____ POSTAL CODE _____

CURRENT OCCUPATION: _____

SAILING EXPERIENCE: _____

SPECIAL SKILLS AND INTERESTS (e.g. organization/administrative/secretarial/other) _____

ANY CERTIFICATIONS? (Medical or paramedical, CPR, nursing, physical or occupational therapy, physical education, lifesaving, CYA or OSA instructor courses, Canadian Power Squadron, St. John's Ambulance)

PREVIOUS VOLUNTEER EXPERIENCE _____

DO YOU HAVE A MEDICAL CONDITION THAT COULD LIMIT YOUR ACTIVITIES? NO/YES Describe

Emergency contact: Name _____

Address _____

Phone (Home) _____ (Work) _____

I agree to abide by reasonable requests made by the Able Sail Supervisor or the Supervisory Committee. I have been made aware of the "Rights and Responsibilities" of the Able Sail Volunteer.

Volunteer Signature _____ Date _____