Sailability Wellington

VOLUNTEER REGISTRATION FORM

Please email your completed form to us at info@sailability-wellington.org.nz

CONTACT INFORMATION	
Full Name:	
Address:	
Phone number:	
Email:	

EMERGENCY CONTACT	
Name:	
Phone number:	
Relationship to you:	

ABOUT YOU…

Why are you interested in volunteering with Sailability Wellington?

Please tell us about any previous Volunteer experience.

What area of volunteering are you interested in? *Tick all that apply.*

Sailing skipper	Patrol boat skipper	Patrol boat crew	Dockside assistance
Shore based support	Vessel Maintenance	Catering	Admin
Marketing	Fundraising	Events	General
Other:			

Do you have any recent or current experience sailing/boating experience? Briefly outline.

Do you have a current First Aid certificate?   Yes   No

Please tell us about any other skills or qualifications that you bring to Sailability. These may have been gained through employment, hobbies, sports or memberships.

Do you have health issues which we should be aware of?	Yes	No
If yes, please provide details		

Where did you hear about us?

AVAILABILITY

Please indicate your availabilities below.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Seaview	▓			▓	▓	▓	▓
Evans Bay	▓	▓	▓	▓		▓	
Porirua	▓	▓	▓		▓	▓	▓

REFERENCES

Please supply us with the contact details of two people who have known you more than one year, who will be willing to act as referees for you.

	Referee 1	Referee 2
Name:		
Phone number:		
Email:		
Relationship to you:		

AGREEMENT

I _____(full name)   consent to Sailability Wellington Trust seeking verbal or written information from the referees listed above.

I authorise the information sought by Sailability Wellington Trust to be used for the purposes of ascertaining my suitability for the position I am applying for.

I understand that the information received by Sailability Wellington Trust is supplied in confidence by my referees and that it is evaluative material that will not be disclosed to me.

I declare that the statements made in this application are true and complete to the best of my belief.

I understand that if I have given incorrect or misleading information or have omitted any pertinent information I may be liable to be excluded from the selection process.

_____

Signature
Date:

Do you have any convictions that are not concealed under the Criminal Records (Clean Slate) Act 2004?	Yes	No
Are you aware of any circumstances that might lead to you being charged with any criminal offence?	Yes	No