



BS&BC/ABLE SAIL PROGRAM VOLUNTEER REGISTRATION

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH (YY/MM/DD) _____

TELEPHONE: HOME _____ WORK _____

CELLULAR _____ EMAIL _____

ADDRESS: _____

_____ POSTAL CODE _____

CURRENT OCCUPATION: _____

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

ANY CERTIFICATION? (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
