



## BS&BC / Able Sail Program Volunteer Registration

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH (YY/MM/DD) \_\_\_\_\_

TELEPHONE: HOME (905) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

CELLULAR \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

SPECIAL SKILLS AND INTERESTS (e.g. organizational/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 \_\_\_\_\_