



VOLUNTEER REGISTRATION FOR SAILABILITY SESSION

Name: _____

DOB: _____ Phone: _____

Email: _____

Address _____

My intention in volunteer with Sailability Cairns is: (Check all that apply)

- Skipper a boat and take others sailing Learn to sail to assist others
 Assist as shore crew Other (Please Note Below)

Availability

- Tuesdays from 11.00AM to 4.30PM
 Saturdays from 12.00PM to 4.30PM

Qualifications (Check all that apply)

- Recreational Marine Drivers Licence Blue Card Queensland
 Marine Operators Licence Senior First Aid
 Other (Please note below)

Other Comments, Information or Support needs / Disability / Disadvantage

Participant Signature: _____

Date _____

Support Organisation _____

Supporters Signature: _____

Date _____

Signed for Sailability _____

Date _____

Public Insurance Declaration: Sailability Cairns is insured for Public Liability cover on a shared insurance policy with Sailability Queensland for up to \$20,000,000 in any one event.