



Mandurah Offshore Fishing and Sailing Club Inc.
MANDURAH EASTER REGATTA 2011



VOLUNTEER FORM

Period 23rd - 25th April 2011

First Name		Gender : M / F
Last Name		
Email		
Contact Phone Number		Working with Children Check Notice Number
Medical Information – Any existing life threatening conditions e.g. (health/allergies/insects)		

Next of Kin Information: Who should we contact in case of emergency?

Next of Kin - Name			
Relationship		Phone Number	

<i>Please tick where you are able to help noting any details if applicable.</i>	23rd, 24th 25th April
ON WATER	
Assisting on Start Boat	
Assisting with course laying	
Able to supply a support boat 4½ - 7m - rib	
Able to skipper MY support boat	
Able to skipper a support boat	
Able to crew on a support boat	
ON SHORE	
Gate Attendant / Traffic Control	
Launching and Retrieval of sailing dinghies in the Hook	
Assist with results or Regatta Office	
Canteen – Friday 22 nd or Monday 25 th ONLY	

Do you hold any of the following qualifications? Please circle

Senior First Aid Recreational Skipper's Ticket National Powerboat Handling Certificate
 Safety Boat Handling Radio Licence MOFSC Endorsed Driver (State Boats) _____
 Nurse Other _____

Disclaimer

Please read and confirm your acceptance by signing below.

- I am aware that Mandurah Offshore Fishing and Sailing Club boating events involve strenuous outdoor activities in which I may have had no previous experience and which may demand physical and mental effort in a variety of weather conditions and environments, which may result in physical tiredness.
- In case of injury or illness, I authorize Mandurah Offshore Fishing and Sailing Club to obtain any medical attention deemed appropriate, including ambulances or other rescue transport.
- I am aware that I shall not be under the influence of alcohol due to consumption prior to or during a period of volunteering and understand that the insurance cover shall become null and void.

Volunteer Signature (if under 18 needs Parent /Guardian Signature)

Name: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____

Please return completed form to MOFSC Office or email to wba@mofsc.com.au