



## **VOLUNTEER FORM**

SEASON:			
First Name:		Surname:	
Address:			
Phone (H): Ph			
Email:			
I would like to	participate in the following:		
Canteen Ros	ter		
Start Boat Ro	ester		
Rescue Boat Roster			
Beach Master Roster			
I have a current power boat license		Y/N	
Small Boats Committee			
Notify when working bees are scheduled			
Assist with coaching (detail experience below)		elow)	
Date:			
Signature:	(Danant on Overallies 1/ verse)	under 40)	
	(Parent or Guardian if person is	under 18)	