**VOLUNTEER INFORMATION**

Thank you for offering to become a volunteer for Wealden Sailability. Please complete the following information. Please note, that all Information you supply will be held only for any requirement of WS’s administration. It will not be used for marketing or any other purpose.

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| NAME: |
| ADDRESS: |
| EMAIL: |
| MOBILE: |
| CONTACT IN EMERGENCY: Name: Relationship: Mobile/landline: |
| DO YOU HAVE A CURRENT ENHANCED DBS? Yes No |
| IF YES: Certificate number: Date of Issue: |
| WHAT IS YOUR SAILING EXPERIENCE, IF ANY? |
| WHAT SAILING QUALIFICATIONS/CERTIFICATES DO YOU HOLD, IF ANY? |
| WHAT POWERBOAT QUALIFICATIONS/CERTIFICATES DO YOU HOLD, IF ANY |
| WHAT MEDICAL QUALIFICATIONS DO YOU HOLD? |
| DO YOU HOLD A CURRENT FIRST AID CERTIFICATE? YES NO |
| IF YES, WHEN DOES IT EXPIRE?  |
| WHAT PARTICULAR WORK SKILLS DO YOU HAVE? Accountant, lawyer, carpenter, electrician, IT, website design, etc.  |

Any information or contact details you supply will only be used for any requirement of WS’s administration. Your details will not be used for marketing or any other purpose.

Please scan and email the form to Helen Fairfax helenf.wealdensailability@gmail.com

or hand it to her when visiting Wealden Sailability.