

Sailability Wellington

VOLUNTEER REGISTRATION FORM

Please forward your application to:

Sailability Wellington

Email: sailabilitywgtn@xtra.co.nz

Contact Information:

Name:

Address:

Home Phone:

Work/Mobile Phone:

Email:

Emergency Contact Name & Phone No:

Why are you interested in becoming a Volunteer for Sailability Wellington?

Do you have any recent or current experience sailing/boating experience?

Briefly outline your experience.

Previous Volunteer Experience:

Please tell us about your previous Volunteer experience.

Special Skills or Qualifications

Please tell us the skills and qualifications you have gained from employment, or through other activities, including hobbies or sports or memberships.

Do you have a current First Aid certificate? Yes No

Do you have any health issues,
which may affect your ability to do the job? Yes No

If yes, please provide details.

Availability

Please indicate the days and times you are available for volunteer work as well as your preference for Evans Bay or Seaview?

Location/Days

Seaview: Tuesday: 9.00am – 4.30pm
Shifts: 9.00am- 1.00pm or 1.00pm- 4.30pm

Evans Bay: Friday: 10.30 – 4.30pm
Shifts: 10.30am-1.30pm or 1.30pm-4.30pm

Sunday: 11.00 – 4.30pm
Shifts: 11.00am-1.30pm or 1.30pm-4.30pm

Porirua : Thursday (Times are Tide Dependant)
Shift (various from 9:30am to 4:30pm)

Other: Start Time: Finish Time:

References

Please supply us with the contact details of two people who have known you more than one year, who will be willing to act as referees for you.

Name:

Address:

Home Phone:

Work Phone:

Email:

Capacity in which you are known to this person:

Agreement and Signature

I (full name) _____ consent to Sailability Wellington Trust seeking verbal or written information from the referees listed above.

I authorise the information sought by Sailability Wellington Trust to be used for the purposes of ascertaining my suitability for the position I am applying for.

I understand that the information received by Sailability Wellington Trust is supplied in confidence by my referees and that it is evaluative material that will not be disclosed to me.

I declare that the statements made in this application are true and complete to the best of my belief.

I understand that if I have given incorrect or misleading information or have omitted any pertinent information I may be liable to be excluded from the selection process.

Signature:

Date:

Convictions Do you have any convictions that are not concealed under the Criminal Records (Clean Slate) Act 2004? Yes No

Are you aware of any circumstances that might lead to you being charged with any criminal offence? Yes No