

## Sailability Shorncliffe

## Queensland Australia

## **VOLUNTEER REGISTRATION**

NEW / UPDATED

Sailability Shorncliffe Inc. 69 Sinbad Street Shorncliffe Qld 4017

Date of Registration	SURNAME		Title						
First Name	Preferred Name								
D.O.B. (optional) / /									
Address									
Email									
Phone: Home	Business	Mobile							
Do you have a current:									
First Aid or CPR Certificate? Yes	/ No If Yes – Provider	Number	Expiry						
Marine Driver's Licence? Yes / N	o If Yes – State	Number	Expiry						
Blue Card or equivalent? Yes / No	o If Yes – State	Number	Expiry						
Previous Volunteer Experience									
To be eligible to vote at meetings or									
Financial membership is a one-off fe	e of \$10.00. Do you wish to	be a financial member? Yes /	No						
PERSON TO CONTACT IN CASE	OF EMERGENCY:								
Name									
Address									
Phone: Home	Business	Mobile							
CONSENT:									
I agree by all decisions made by the	Committee of Sailability Sho	prncliffe at all events conducted by	that organisation.						
I give permission to the Committee	of Sailability Shorncliffe to do	a police check if deemed necessa	ry.						
Signature		Date							
We value your privacy. Details recorded are for use in a potential emergency and are not shared with any									

third party except with Emergency Personnel if the occasion arises. We are asked by Govt Departments and Insurance Companies for attendance numbers for statistical purposes but never for personal details.

Committee Use: Recorded Data Base		Email List		Phone List		Sign On	Memb	pership	Welcome Pack	
BLUE CARD: Sighted	Application	Record	ed				Date	Recorded	1	/
Details Checked (please	circle):	2024	2025	2026	2027	2028	2029	2030		