



Sailability @ Whitefriars

Volunteer Registration Form 2022



Name			
Address			
		Post code:	
Email			
Telephone: (home)			
Telephone: (mobile)			
Are you a member of Whitefriars Sailing Club?	Y / N		

Please provide details of an emergency contact:	
Name:	
Telephone:	

What Sailability roles are you qualified to perform?					
Role	Currently	Would like to be	Role	Currently	Would like to be
Instructor			Assistant Instructor		
Helm			Buddy Sailor		
Safety Boat Helm			Safety Boat Assistant		
Shore Crew/Kitchen			Administration/Reception		
Other (please specify):			Management Team:		

Important information:
Please provide us with any information that we should be aware of that is relevant to your volunteer role. For example, your relevant experience, anything S@W can do to enhance your experience, or which might have safeguarding or safety implications for you or others, e.g. seizures:

...continues overleaf...

INSURANCE COVER (please tick below to accept):	
Unless otherwise stated:	
<input type="checkbox"/>	I understand that the activity is insured in respect of legal liabilities (third party liability) but that I have no personal accident cover.
<input type="checkbox"/>	I understand that any extension of insurance cover is my responsibility.

DECLARATION (please tick below to accept):	
<input type="checkbox"/>	I have read and understood the information provided by Sailability@Whitefriars about the proposed volunteering activity and safeguarding requirements.
<input type="checkbox"/>	I agree that my email address may be shared with sailors who request help with sailing at Whitefriars Sailing Club on days that are not formally organised by Sailability@Whitefriars.
<input type="checkbox"/>	I agree that my email address may be shared with sailors who request help with sailing and travel to sailing events at other clubs that are not formally organised by Sailability@Whitefriars.
<input type="checkbox"/>	I agree that photographs and/or films may be taken of me and used for training and coaching.
<input type="checkbox"/>	I agree that photographs and/or films may be taken of me and used to promote the sport of sailing and the activities of Whitefriars Sailing Club and Sailability @ Whitefriars.
<input type="checkbox"/>	I will inform the Club if any of the above information changes.

DATA PROTECTION: Whitefriars Sailing Club and Sailability@Whitefriars use the information on this form to provide volunteer services. More information can be found in the Whitefriars Sailing Club Privacy Policy online at www.whitefriarssc.org . Contact us at membership@whitefriarssc.org or sailability@whitefriarssc.org

Signed:		Date:	
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Safeguarding (For completion by Officials):

Has current DBS been presented? **Y / N**

If No:

Has self-declaration form been completed and signed **Y / N**

Has DBS form been completed? **Y / N**

Has DBS certificate been seen? **Y / N**

If references required:

Have referees been provided? **Y / N**