

SAIL 4 CANCER VOLUNTEER PROGRAMME REGISTRATION FORM

Surname: **First name:**
Date of Birth: **Town:**
Address: **Postcode:**
County: **Email Address:**
Home Phone:
Work Phone:
Mobile Phone No.:
Specific Dietary Requirements: Vegetarian: Vegan: Other:
Occupation: **Company:**
T-Shirt Size: S M L XL

Availability (Please mark with an X in the relevant boxes):

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Week Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Weekends						<input type="checkbox"/>	<input type="checkbox"/>

Please rank in order of preference how you could help us best:

Skippering or being a crew member	<input type="text"/>
Administration activities	<input type="text"/>
Hosting*	<input type="text"/>
Raising awareness and collecting funds	<input type="text"/>
Marshalling	<input type="text"/>

* Representing the charity during sailing days, welcoming participants and ensuring all goes according to plan.

Other:

What volunteering experience do you have?

Please add any useful comments with regard to sailing skills or experience:

Please return the completed form by email to volunteer@sail4cancer.org or print and post to: Sail 4 Cancer, Room 1, 24 Swan Street, Kingsclere, RG20 5PJ.