

VOLUNTEER REGISTRATION FORM 2018

Name: _____ **Occupation:** _____ **M or F** _____ **DOB** _____

Address: _____

 (street) (city) (state) (zip)

Phone: (H) _____ **(C)** _____ **E-mail:** _____

Would you like information regarding next years clinic to be sent to the above e-mail address: Yes _____ No _____

A. Please place an "X" in the boxes below for the days you can volunteer. Place "AM" or "PM" in the box if you can only volunteer in the morning or afternoon. Training for new water volunteers will be 8:30-9:00am daily.

Monday July 16th

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 Wednesd July 18th

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 Tuesday July 17th

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 Thursday July 19th

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Are you new to the clinic (circle one): Yes _____ No _____

****If you are an experienced volunteer, would you be willing to mentor other volunteers? Yes _____ No _____**

Please specify T-Shirt Size: S____ M____ L____ XL____

Please fill out part "B" with an "X" for desired duties, experience/years, desired training.

	Desired	Experience / Years		Would like training
B. *Boat Driver	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Dock Master - manages skier / boat / equipment schedule	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Chase Driver - PWC License required w/ prev. TRAS clinic experience	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Quick Release	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Jumper - requires strong swimming skills & familiarity w/ disabilities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Water Starter - starts skiers from shore	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Equipment Setup - assists in fitting skier with proper equipment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Shore Trainer - teaches skier signals and skiing progression	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Roll Tester - tests the skier prior to skiing for safety in the water	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Registration/Sales- on shore	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Food Preparation / Lunch Service - on shore	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
*Kayak or Cycling Program (circle preferred)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

***Must be at least 16 years old to volunteer for these positions**

C. Do you have a PA Safe Boating Certificate (required for anyone planning to drive a PWC)?_____ If yes, please bring your
your original certificate.

Do you have (please circle all that apply): CPR Lifeguard 1st aid training sign language?

List specific limitations you might have (i.e. lifting, swimming ability, etc.) _____

Are you allergic to anything (i.e. medication, food, sun, bee stings): _____

If allergic to bee stings, please bring your EpiPen and tell a friend where he/she can find it.

Please complete this form and mail by July 5th

Marcia Logan, 5 Canterbury Road, Pittsburgh PA 15202