VOLUNTEER REGISTRATION FORM 2019

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 22nd		Wednesday July 24th	
Tuesday July 23rd		Thursday July 25th	

Are you new to the clinic (circle one)? 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		_____	
*Dock Master - manages skier / boat / equipment schedule		_____	
*Chase Driver - PWC License required w/ prev. TRAS clinic experience		_____	
*Quick Release		_____	
*Jumper - requires strong swimming skills & familiarity w/ disabilities		_____	
*Water Starter - starts skiers from shore		_____	
Equipment Setup - assists in fitting skier with proper equipment		_____	
*Shore Trainer - teaches skier signals and skiing progression		_____	
*Roll Tester - tests the skier prior to skiing for safety in the water		_____	
Registration/Sales- on shore		_____	
Food Preparation / Lunch Service - on shore		_____	
Kayak or Cycling Program (circle preferred)		_____	

***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 you 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 12th to:

Marcia Logan, 5 Canterbury Road, Pittsburgh PA 15202