

VOLUNTEER REGISTRATION FORM 2013

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 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	<input type="checkbox"/>	Wednesday July 24th	<input type="checkbox"/>
Tuesday July 23rd	<input type="checkbox"/>	Thursday July 25th	<input type="checkbox"/>

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

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

	<u>Desired</u>	<u>Experience / Years</u>	<u>Would like training</u>
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 - 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"/>
Sales - on shore	<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 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 10th to:

Marcia Logan, 5 Canterbury Road, Pittsburgh PA 15202