

SAIL TO PREVAIL

The National Disabled Sailing Program

Volunteer Application

Please try to be as thorough as possible in completing this application.

Date

Name: First Middle Last Social Security Number

Address: Street City State Zip Code

Home or Cell Phone Work Phone Email Address

Emergency Contact: Name Address Phone

Are you currently a student or employed? yes no
If so where? What is your position?

Please answer the following questions in the space provided. Feel free to use the back.

1. How did you become aware of Sail To Prevail?

2. What experience(s) do you have working with individuals with disabilities?

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3. What skills and personal qualities do you possess that you feel would contribute to Sail To Prevail programs?

Which programs are you interested in working with?

- | | |
|---|--|
| <input type="checkbox"/> Disabled Sailing | <input type="checkbox"/> Confidence is Cool Camp |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Fundraising |

When are you able to volunteer?

Number of hours available per day: _____

Days: (please check all that apply)

- | | | | |
|-----------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |

Thank you for your interest in Sail To Prevail!

Please forward this application along with your resume to

Sail To Prevail, Inc.
P.O. Box 1264
Newport, RI 02840
Fax: 401-848-9072