

SAIL TO PREVAIL

The National Disabled Sailing Program

Volunteer Application

Date: _____ Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Are you currently employed? _____

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?

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

4. 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 available 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 to:

Sail To Prevail, Inc.
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Newport, RI 02840
Email: sailingdirector@sailtoprevail.org
Phone: 401-849-8898
Fax: 401-848-9072