

## VOLUNTEER APPLICATION - NEWPORT, RI

Today's Date	Age	Birthdate
Name		Nickname
Address		
City	State	Zip
Email		Phone
Are you currently employed?	What is your position?	
Do you drive?	Do you have your own vehicle?	
When are you able to volunteer? (dates	available, days of week, number o	f hours per day, etc.)
How did you become aware of Sail To P	revail?	
What experience(s) do you have workin	g with or interacting with individua	ls with disabilities?
What skills and personal qualities do yo	u possess that you feel would contr	ribute to Sail To Prevail programs?
Which types of tasks would you be inter	rested in assisting with?	
Pre-season (May), cleaning boats	_	from storage locker to dock facility
Summer season, land-based task	s such as helping keep dock facility	neat and tidy, washing boats, etc.
Summer season, learning to instr	ruct children and adults with disabil	ities aboard the sailboats.
Summer, partnering with a perso	on with a disability as their able-bod	ied "crew" for Wednesday Night Racing.
Post-season, de-rigging, cleaning	boats, putting away boats and equ	ipment, etc.
Other? Please list possibilities, (p	photography, videography, office w	ork, sewing, artistic skills, etc.)
Sailing Experience (years, boat type, and	d location)	
Do you have experience in driving a mo	torized Rubber Inflatable Boat (RIB)	?
Are you <i>currently</i> certified by U.S. Sailin	g to instruct or coach?	
Sailing Counselor;	Level I Sailing Assist	ant (Under age 18);
Level I Instructor;	Level II Instructor;	Level III Coach

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