**REFIT & ONSHORE VOLUNTEER APPLICATION**

Please return to [office@silverylightsailing.com](mailto:office@silverylightsailing.com)

By submitting this form you give Silvery Light Sailing permission to keep your information on file for the purposes of contacting you about volunteering opportunities. All personal information is held and processed under the General Data Protection Regulations, and will only be used for this purpose.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Age** *(circle)* | Under 18 | Over 18 |
| **Mobile** |  |  | | |
| **Email** |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMERGENCY CONTACT | |  | |  |
| **Name** |  | |  | |
| **Mobile** |  | |  | |

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| --- | --- | --- | --- | --- | --- |
| ABOUT YOU |  |  | | | |
| Area of interest for volunteering  *(circle all that apply)* | **Refit**  (maintenance) | | **Onshore**  (admin, events & fundraising) | | |
| Do you have any medical condition which could impact you during your time spent volunteering with us? | **Yes** | | **No** | | |
| If Yes, please explain what precautions/adjustments could be made to assist you. | | | | | |
| Would you be willing to complete an Access NI check if required? | | | | **Yes** | **No** |
| Do you have any special skills you wish to contribute?  *(e.g. painting, joinery, plumbing, electrics, photography, social media, fundraising etc.)* | | | | | |

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| --- | --- | --- | --- | --- |
| DECLARATION | |  |  |  |
| I hereby declare that the information given above is true and accurate to the best of my knowledge.  If I accept a volunteering role with Silvery Light Sailing I will follow the guidelines set out in the volunteer policy | | | | |
| **Signed** |  | | **Date** |  |