

Bowen Island Yacht Club

2021 Summer Sailing Camp Volunteer Application Form

Name and Contact Information

First Name: _____

Last Name: _____

Street: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

What is the best way to contact you? (circle one) phone or e-mail

Demographic Information

Date of Birth: _____ Education: _____

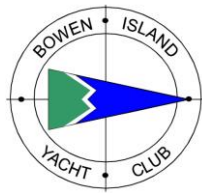
Current CANSail Level: _____

Please describe your sailing experience:

Do you have your PCOC? Yes No

*If yes, please include a photocopy of your PCOC card

Why would you like to volunteer with the BIYC Learn to Sail Program?



How many weeks would you like to volunteer?

Summer availability- which weeks are you able to volunteer?

Week 1: July 5-9

Week 2: July 12-16

Week 3: July 19-23

Week 4: July 26-30

Week 5: Aug. 3-6

Week 6: Aug 9-13

Week 7: Aug 16-20

Week 8: Aug 23-27

Emergency Contact

Name: _____

Relationship: _____

Home Phone _____ Cell Phone: _____

Volunteer Agreement

I hereby certify that the information given by me on this volunteer application is true and completed to the best of my knowledge. I also agree to abide by the Bowen Island Yacht Club's policies while volunteering. I acknowledge that an incomplete application cannot be processed. Please submit the volunteer reference form with this form.

Signature: _____

Date: _____