

**Quinte SailAbility**  
**Volunteer Information Sheet**



Name:

Address:

City:

Postal Code:

Phone:

E-mail:

**Youth Volunteer\***

*Age 12-18*

**Adult Volunteer**

*Ages 19+*

**Emergency Contact**

**Name:**

**Phone:**

**\*For all volunteers under 18**

I am the parent/guardian of the above named person and I give permission for them to volunteer for Quinte SailAbility.

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Print Name

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Signature

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Date

**FOR OFFICE USE:**

Volunteer Dates

Police Check/Declaration

QS Waiver Signed

CF Waiver Signed

Read Volunteer Manual