

Cruising Yacht Club of Australia Volunteer Application Form



CRUISING YACHT CLUB OF AUSTRALIA
Home of the Rolex Sydney Hobart Yacht Race

Personal Details			
Title: <i>Circle one or specify other</i>	Mr. Mrs. Ms. or other	Family Name:	
First Name:		Middle Name(s):	Preferred Name:
Street Address:		Suburb/Town:	State:
			Postcode:
Postal Address (if different):		Suburb/Town:	State:
			Postcode:
Email Address:			
Telephone:	Home:	Mobile:	Work:
Polo Shirt Size: (uniform, please circle) Women's: XS S M L XL XXL Men's: XS S M L XL XXL			
Do you have a current Driver's Licence?		Yes <input type="checkbox"/> No <input type="checkbox"/> Tick appropriate box(es) below	
		General Boating Licence <input type="checkbox"/>	Coxswain Licence <input type="checkbox"/>

Availability to Volunteer							
No. Hours/Week:				Start Date:			
Preferred Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
General	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Volunteer Role: (please number 1, 2, 3, etc preferences)			
On Water – Start Boat		General Administration	
On Water – Mark laying		Merchandise Sales Assistant	
Boat Driving (Gen. Boat licence req.)		Liaison Officers (multi-lingual)	
Ocean Race Event Support		Archiving Historical Records	
Ocean Race Event Administration		Other:	
Equipment Auditors			
Radio Operators (HF/VHF)			

Skills and Qualifications	
Formal Qualifications: (e.g. Diploma, Degree, Trade Certificate etc.)	
Other Training/Certification: (Eg First Aid Certificate, Working With Children Check, etc)	
Computer Skills: (eg Word, Excel, PowerPoint etc)	
Other Skills: (e.g. art, music, sports, etc)	

Languages (Other Than English)		(Please indicate whether basic (B) , medium (M) or fluent (F) for both spoken and written)							
1.		Spoken:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	Written:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
2.		Spoken:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	Written:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
3.		Spoken:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	Written:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
4.		Spoken:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	Written:	B <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>

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Referees – New Volunteers ONLY			
<i>Please provide the contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary work</i>			
Referee 1 Name:	Relationship:	How long have you known this referee?	
Phone:	Mobile:	Email:	
Referee 2 Name:	Relationship:	How long have you known this referee?	
Phone:	Mobile:	Email:	
Medical Information			
The CYCA has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. <i>Please comment on the impact of the following on work to be performed by you:</i>			
Do you have an existing medical disability/condition/injury? <i>Please provide details.</i>			
Do you take any medication that may affect your work? <i>Please provide details</i>			
Next of Kin Contact Details			
Relation:		Full Name:	
Telephone:	Home:	Mobile:	Work:
Street Address:		Suburb/Town:	State:
			Postcode:
Declaration <i>Please read the accompanying information on the "Volunteer Code of Conduct". Please tick each checkbox to acknowledge your acceptance of each point (below)</i>			
I am applying for volunteer work with the Cruising Yacht Club of Australia.			<input type="checkbox"/>
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.			<input type="checkbox"/>
I have read, understood and signed the <u>attached</u> Cruising Yacht Club of Australia Code of Conduct and agree to abide by the behaviours as set out therein.			<input type="checkbox"/>
I declare that the information contained in this application is true and correct.			<input type="checkbox"/>
I understand that I may be required to participate in an interview and selection process, undertake a reference and background check.			<input type="checkbox"/>
I understand that I will be required to undertake induction and/or service/program training prior to my commencement.			<input type="checkbox"/>
Signature:			Date:

Privacy Statement

Your privacy is our priority. Cruising Yacht Club of Australia abides by the CYCA Privacy Policy in all its dealings with members, volunteers and the public.

The personal information you have provided will be treated as confidential and will help us engage you as a valued volunteer with the CYCA. We may also use your information in aggregate form for research purposes - in such cases individual names will not be identified. This information will remain confidential. If you would prefer to discuss this, please contact us via the details below.

Your opinions are valuable in order to ensure we continue to attract volunteers and understand their needs. From time to time you may be invited to participate in research projects to assist the Cruising Yacht Club of Australia in keeping volunteering alive. Participation in these projects is optional and your personal details will not be given to any external organisation without your permission.

Please email your completed form to cyca@cyca.com.au or deliver to Reception 1 New Beach Road Darling Point