

# Cruising Yacht Club of Australia Volunteer Application Form



CRUISING YACHT CLUB OF AUSTRALIA  
*Home of the Sydney Harbour Yacht Race*

Personal Details							
<b>Title:</b> <i>Circle one or specify other</i>	Mr. Mrs. Ms. or other	<b>Family Name:</b>					
<b>First Name:</b>		<b>Middle Name(s):</b>				<b>Preferred Name:</b>	
<b>Street Address:</b>			<b>Suburb/Town:</b>		<b>State:</b>		
					<b>Postcode:</b>		
<b>Postal Address (if different):</b>			<b>Suburb/Town:</b>		<b>State:</b>		
					<b>Postcode:</b>		
<b>Email Address:</b>							
<b>Telephone:</b>	<b>Home:</b>	<b>Mobile:</b>		<b>Work:</b>			
<b>Polo Shirt Size: (uniform, please circle) Women's: XS S M L XL XXL Men's: XS S M L XL XXL</b>							
<b>Do you have a current Driver's Licence?</b>		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <i>Tick appropriate box(es) below</i>					
<b>General Boating License:</b> <input type="checkbox"/>		<b>Coxswain License:</b> <input type="checkbox"/>		<b>Personal Watercraft (PWC) License:</b> <input type="checkbox"/>			
Volunteer Position <i>Please provide details of the specific volunteer role(s) that you are interested in (in order of preference if more than one)</i>							
<b>Location: (please circle)</b>		<b>Volunteer Role: (please number 1, 2, 3, etc preferences)</b>					
Sydney	Yes / No	Sub-Committees		Race Management			
		Emergency Management		Safety Auditors			
		Race Entry Veters		Information Centre			
		Event Support		Website Monitoring			
Other (Trade Shows, etc)	Yes / No	Radio Operators		Boat Driving (Coxswain Lic req.)			
		Archiving Historical Records		Liaison Officers (multi-lingual)			
		Other:					

  

Availability to Volunteer							
<b>No. Hours/Week:</b>				<b>Start Date:</b>			
<b>Preferred Days:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>General</b>	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"/>
Skills and Qualifications							
<b>Formal Qualifications:</b> <i>(e.g. Diploma, Degree, Trade Certificate etc.)</i>							
<b>Other Training/Certification:</b> <i>(Eg First Aid Certificate, etc)</i>							
<b>Computer Skills:</b> <i>(eg Word, Excel, PowerPoint etc)</i>							
Languages (Other Than English) <i>(Please indicate whether basic (B), medium (M) or fluent (F) for both spoken and written)</i>							
1.	<b>Spoken:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>		<b>Written:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>				
2.	<b>Spoken:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>		<b>Written:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>				
3.	<b>Spoken:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>		<b>Written:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>				
4.	<b>Spoken:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>		<b>Written:</b> B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>				
Employment and/or Volunteering History							
<b>Have you worked or volunteered for the CYCA before?</b> Yes No							
<b>What was your most recent paid position?</b>		<b>Position:</b>			<b>Organisation:</b>		

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What was your most recent volunteer role?	Position:	Organisation:
<b>Referees – New Volunteers ONLY</b>		
<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:
<b>Medical Information</b>		
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>		
<b>Declaration</b>		
<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 Kathy 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](mailto:cyca@cyca.com.au) or deliver to Reception 1 New Beach Road Darling Point