

Volunteer Registration Form



Contact Information

Name			
Street Address			
Town/Suburb			
Postcode		Country	
Home Phone		Mobile Phone	
Date of Birth	/	/	(D/M/Y)
Please Check boxes to acknowledge you meet the Reef Restoration Foundation Requirements for Volunteers.			
<input type="checkbox"/> Rescue Diver Certification	<input type="checkbox"/> 50+ Dives	<input type="checkbox"/> Own Equipment	

Medical Conditions

Do you have medical conditions, allergies or past injuries that may affect your participation?

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Person to Notify in Case of Emergency

Name	
Relationship	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please Email your completed form and a scanned copy of your diver's card to azri@reefrestorationfoundation.org

Thank you for completing this application form and for your interest in volunteering with us.