

# Volunteer Registration Form



## Contact Information

Name			
Street Address			
Town/Suburb			
Postcode		Country	
Home Phone		Mobile Phone	
Date of Birth	/	/	(D/M/Y)

Please select the area you interested to volunteer in :

<input type="checkbox"/> Volunteer Diver	<input type="checkbox"/> Science Team (Water-Based)	<input type="checkbox"/> Science Team (Land Based)
<input type="checkbox"/> Others Please clarify :		

Please check boxes to acknowledge you meet Reef Restoration Foundation Requirements for water-based volunteers

<input type="checkbox"/> Rescue Diver Certification	<input type="checkbox"/> 50+ Dives	<input type="checkbox"/> Own Equipment
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## 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	

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## 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, availability and a scanned copy of your diver's card to [azri@reefrestorationfoundation.org](mailto:azri@reefrestorationfoundation.org)**

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