



## Volunteer Application

Raise the Sail Foundation brightens the lives of Seniors and Women with cancer through sailing trips on the healing sea. All volunteers are non-paid and contribute time, knowledge and vessels to aide in this simple mission. There is a place for each of you.

*Information that you provide on this form is strictly confidential.*

### Contact Information

First, Middle and Last Legal Name: \_\_\_\_\_  
Nick Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and ZIP Code: \_\_\_\_\_  
Birth Date (Month/Day/Year): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

State & Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Health Information

Medical Insurance Yes No

Insurance Carrier and Policy# \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you have any limiting physical conditions, disability or dietary needs? \_\_\_\_\_

Persons to Notify in Case of Emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**What would you like to get out of your volunteer time with Raise the Sail Foundation?**

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**Availability & Interests: Please check all that apply**

Weekdays Evenings Weekends Flexible

Crew Vessel Host Events Office Projects

Other special licenses, skills, qualifications and experience:

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**Authorization and Release**

By submitting this application, I affirm that the facts set forth in it are true and complete. I grant Raise the Sail Foundation permission to run background checks including criminal record and sex offender registry checks. 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. If volunteer is under the age of 18, a parent or guardian's approval and signature are required.

The safety of passengers and crew is our first priority. The comfort and respect of our guests is of the utmost importance. Volunteers may neither consume alcohol nor smoke while working as volunteers. No drugs. Raise the Sail Foundation may deny participation in the volunteer program if the applicant has committed crimes against property or persons, sexual offences, fraud, or other crimes or misdemeanors that would prevent Raise The Sail Foundation from providing a safe environment for program participants, volunteers, staff, donors, visitors and the general community.

Thank you for your time in completing this application and for your interest in Raise the Sail Foundation. Please scan and return this completed form to Raise the Sail Foundation at the address below.

[raisethesailsantacruz@gmail.com](mailto:raisethesailsantacruz@gmail.com)

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Approval (Volunteer under age 18):

Parent's Name (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use:**

Copy of Driver's License Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Copy of Boat Insurance Date: \_\_\_\_\_ Initials: \_\_\_\_\_

ASA Certification or Captain's License Date: \_\_\_\_\_ Initials: \_\_\_\_\_