



HELFDORD RIVER  
CHILDREN'S  
SAILING TRUST  
www.hrcst.org.uk

## VOLUNTEER ENROLMENT

FORENAME
SURNAME
SCHOOL (IF APPLICABLE)
DAY PHONE
EVENING PHONE
MOBILE
EMAIL

ADDRESS

FIRST AID TRAINED? (if so, please provide details)

ANY RELEVANT PREVIOUS EXPERIENCE? (please include any RYA qualifications)

ANY HRCST TRAINING YOU WOULD LIKE TO ATTEND? (details available at [www.hrcst.org.uk](http://www.hrcst.org.uk))

Please state the details of any disability, disease or condition from which you suffer of which you are aware (if none, write none)

Please state the details of any medical treatment you are receiving (if none, write none).

### CONTACT IN CASE OF EMERGENCY

FORENAME	SURNAME
ADDRESS	
DAY PHONE	EVENING PHONE
MOBILE	EMAIL

I declare that to the best of my knowledge I am fit to participate in any HRCST activity, and I consent to any emergency treatment for myself during an HRCST activity. I have read, understood and agree to abide by the safety policies, operating & major incident procedures and child & vulnerable adult protection policies of the HRCST. I further declare that to the best of my knowledge the information contained in this form is correct and complete, and I consent to HRCST holding it on their database for the purpose of administration.

SIGNATURE DATE