

AI SL VOLUNTEER FORM

Last Name: _____ First Name: _____

Date of birth: _____

Street Address: _____

City: _____ State: _____ PostCode: _____

Evening Phone: _____ Daytime Phone: _____

Mobile Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Member of AISL Member Body: (Please tick) ACTA F&GFA NRAA PA TRA

CERTIFICATIONS: (Please tick)

ISSF Judge Australian Judge Range Officer Range Safety Officer

FIRST AID/CPR Armoury Control Classification/Scoring Equipment Control

Clay Target ISSF Referee Referee Classified Shooter

Coach _____ _____ _____

SPECIAL SKILLS (Please list any special skills you have - photography, public relations, sales, etc...): _____

VOLUNTEER EXPERIENCE: (Please tick one)

I have never volunteered before.

I am a returning volunteer; this will be my _____ year as an AISL/ASA volunteer.

If you are a returning volunteer; what and where, was your last event?: _____

COMPETITION STATUS: Will you be competing at the event? Yes No

If yes, in what matches do you plan to compete?

ACCOMMODATION: (Please tick one)

No thank you, I will provide my own.

Yes, I will need AISL to book accommodation (as listed for each event and understand that any costs will be met by me). I would like to request sharing with the following person(s):

_____ who is a volunteer competitor

_____ who is a volunteer competitor

AISL VOLUNTEER FORM

EVENT REQUEST: I would like to help during at the following events (see calendar on AISL website <http://www.ausshooting.org/html/calendar.html>

I would like to volunteer during a portion of the _____ Events and/or would like to help out on the following dates (month/day): ____/____ thru ____/____.

MEDICAL INFORMATION: (To assist us to assist you) Do you have any physical limitations or health conditions that require you to limit your activities or working conditions? Please explain limitation, health condition(s), or allergies (to include reactions to medications, sun exposure, and other); describe how to avoid any complications.

ALLERGIES: I have the following allergies / I am allergic to:

Seasonal Penicillin Insect Stings Nuts Aspirin

Other(s) _____

MEDICATIONS: I am taking the following medications (please print legibly and be specific):

1. _____ mg 2. _____ mg

3. _____ mg 4. _____ mg

GUARDIAN PERMISSION: If the volunteer is under 18 years of age, this statement must be signed by the parent or legal guardian of the volunteer. Please check and fill in one of the following statements, then sign.

I, _____, the parent or legal guardian of _____ hereby give permission for my child to volunteer for AISL events during the 2009 – 2012 competition period, through this application. They will be supervised by myself.

I, _____, the parent or legal guardian of _____, hereby give permission for my child to volunteer for AISL events during the 2009 – 2012 competition period through this application. They will be supervised by the following individual _____. This person is over the age of 21 and will be held responsible for my child during the entire stay while a volunteer at the _____ event.

Signature of Parent or Legal Guardian _____ **Date** _____

VOLUNTEER ACKNOWLEDGEMENT: I, _____, certify that the above information is true to the best of my knowledge.

Signature of Volunteer Applicant _____, **Date** _____

Mail completed application to: AISL Volunteer, PO Box 375, Brighton SA 5048
Fax: 08 8296 0937 Email: office@ausshooting.org