

# 2011 OSF CONTINENTAL CHAMPIONSHIP AISL VOLUNTEER FORM

\*\*Please note that we will be contacting our volunteers via email please only provide AISL with the best email for you.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Shirt / Polo size: \_\_\_\_\_  
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 Tick)

Photography  Public Relations  Cash Handling  Driving / Transport  
 Speak other languages if so please name \_\_\_\_\_  
 Public Speaking  \_\_\_\_\_  \_\_\_\_\_

**VOLUNTEER EXPERIENCE:** (Please tick one)

- I have never volunteered before, and my preference would be to help out in the following areas: \_\_\_\_\_
- I am a returning volunteer; and would like to work in a different area, and my preference would be \_\_\_\_\_

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**ACCOMMODATION:** (Please tick one)

AISL has hired the Cottage at SISC for the OSF Continental Championships, we will provide it as a first come first served bases at no charge to the volunteer; however it will be as a group share and AISL cannot guarantee who you will be sharing with.

No thank you, I will provide my own.

\_\_\_\_\_ who is a  volunteer  competitor

\_\_\_\_\_ who is a  volunteer  competitor

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**EVENT REQUEST:** I would like to help during the following championships:

OSF Continental Championship 26<sup>th</sup> November – 1<sup>st</sup> December 2011

I can help out on the following dates (month/day): \_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_

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**MEDICAL INFORMATION:** 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. \_\_\_\_\_

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

Seasonal  Penicillin  Insect Stings  Nuts  Aspirin

Other(s) \_\_\_\_\_

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

1. \_\_\_\_\_ mg                      2. \_\_\_\_\_ mg

3. \_\_\_\_\_ mg                      4. \_\_\_\_\_ mg

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**GUARDIAN PERMISSION:** This statement must be signed by the parent or legal guardian of the volunteer, if the volunteer is under 18 years of age. 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 the OSF Continental Championships be held in Sydney from 26<sup>th</sup> – 1<sup>st</sup> December 2011. They will be supervised by myself.

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, hereby give permission for my child to volunteer for the OSF Continental Championships be held in Sydney from 26<sup>th</sup> – 1<sup>st</sup> December 2011. 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

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**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**

**Or email to:**

**Email:** [office@ausshooting.org](mailto:office@ausshooting.org)

**Ph: 08 8296 0951**

**Fax: 08 8296 0937**