

**MISSOURI DISABLED WATER SKI ASSOCIATION
WATER SKI VOLUNTEER INFORMATION**

Please Print Clearly

Today's Date: _____

Name _____ T-shirt Size _____

Street Address _____

City, State Zip _____

Phone _____ Work Phone _____

E-Mail _____ Date of Birth ___/___/___

Age _____ M/F _____ Physical Limitations _____

Days Available _____

Experience/Education with the Disabled _____

Current First Aid & Water Safety Training Certifications _____

What do you want to gain from volunteering _____

Occupation _____

Experience in: Fundraising Public Relations Photography Sports Instructor

Adaptive Equipment Water Skiing Jet Skiing Ski Boat Driving Safety Food/BBQ

Do you have a water ski boat? ___ Yes ___ No Style/Horse Power _____

Do you have a Jet Ski? ___ Yes ___ No Style/Horse Power _____

Do you belong to a Ski Club? ___ Yes ___ No Name of Club _____

How did you find out about us? _____

Other people who might also be interested in our program (Name, address & phone) _____

**MISSOURI DISABLED WATER SKI ASSOCIATION
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SKILL AREAS NEEDED

Please write CAN DO where appropriate

Registration _____

Beach/Dock Master _____

Assistant Beach Master _____

Equipment Manager _____

Boat Drivers (AWSA/Experienced) _____

Boat Driver Assistants (Quick Release/Pin) _____

Water Starters _____

Chase Boat – Jet Ski (Personal Watercraft) _____

Safety Personnel _____

Shore Help _____

Instructors _____

Photographer _____

Videographer _____

Cooler & Ice _____

Water/Sports Drink/Food _____

BBQ _____

Other (Please explain) _____
