



ONBOARD VOLUNTEER ACCEPTANCE FORM

Clearwater is counting on you to honor your full volunteer week commitment!

Name _____

Address _____ City _____ State _____ Zip _____

Email address _____

Phone (cell) () _____ (work/home) () _____

Volunteering aboard: (circle) CLEARWATER MYSTIC WHALER

From (dates) _____ to _____

Boarding at _____ dock. Disembarking at _____

T-shirt size _____

EMERGENCY CONTACT PERSON:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (cell): () _____ (home/work): () _____

Please fill out this form and send it to:
educator@clearwater.org
Hudson River Sloop Clearwater
ATTN: Educator.
724 Wolcott Avenue
Beacon NY 12508
FAX# 845 831 2821

