

VOLUNTEER CREW MEDICAL FORM

Please fill out this form and mail it to: or email to: educator@clearwater.org
Hudson River Sloop Clearwater
ATTN: Educator
724 Wolcott Ave
Beacon, NY 12508

This form, along with the volunteer and membership dues, must be received at least two weeks prior to your volunteer week to hold your place on the boat. Upon receiving these forms and fees, **Clearwater will count on you to honor your full volunteer week commitment.**

Name _____ Age _____ M__ F__
Address _____ City _____ State _____ Zip _____
Phone (day) () _____ (evening) () _____
Email: _____ (please print clearly)

Check One: I will be able crewing onboard: (check one) <i>Clearwater</i> _____ <i>The Mystic Whaler</i> _____ From (dates) _____ to _____
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1. Please circle the best description of your dietary needs:
Vegetarian **Meat is OK** **Vegan** **Allergic to** _____

2. Do you have any other special needs or circumstances that we should be aware of? (injuries, conditions, allergies)

3. Do you carry an epipen?

EMERGENCY CONTACT PERSON:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): (____) _____ (evening): (____) _____

Email _____