

2024 Volunteer Registration Form

Kaien Coastal Riders

Name:
Full Address:
Phone (Home/Cell):
Email:
Emergency Contact Name:
Emergency Contact Phone:

Please List any Volunteer/Work Experience working with people with disability:

Do you have First Aid/CPR Training? If yes, please describe:

Please list any medical conditions or injuries that affect your exercise capacity:

Why are you interested in volunteering with Kaien Coastal Riders?
