



**2017 Flowers Sea Swim**  
**Saturday 10th June**  
**&/Or Monday 12th June**

**Volunteer Expression of Interest**

<b>Surname:</b>					<b>First name:</b>					
<b>Address:</b>										
<b>Telephones:</b>	Home: Work: Cell:									
<b>Email:</b>										
<b>Skills you would like to put to use in the Flowers Sea Swim:</b>										
<b>Volunteer position(s) you are interested in:</b>										
<b>Have you volunteered for the Flowers Sea Swim previously?</b>					If so, in what capacity?					
<b>When are you available:</b>		Daytime		Evening		Weekdays		Weekends		
		<i><u>Before the race</u></i>					<i><u>Day of race</u></i>			
<b>Age:</b>					<b>Shirt size:</b>					
<b>Medical:</b>	Do you have any medical conditions we should be aware of? If Yes, please provide details.									
<b>Emergency contact:</b>	<b>Name:</b>					<b>Phone:</b>				

Please return completed Expression of Interest form to the Flowers Sea Swim:

Email: [info@flowersseaswim.com](mailto:info@flowersseaswim.com)

Fax: 949-0595

Telephone: 623-0000