Let's Go Fishing Winona Area

Volunteer Application



Name:				
Address:				
City:	State:		Zip Code:	
Home Phone:	Mobile Phon	e:		
Work Phone:				

I would like to volunteer in the following capacity:

Captain: Coordinating the trip, driving the boat, watching the weather, getting bait, making sure guests will arrive, escorting guests, and picking up a bag or assigning to First Mate

First Mate: Escorting guests, life jackets, baiting hooks and removing fish, dropping and hoisting anchor, assisting guests however possible, helping dock boat, taking pictures.

Public Relations: Posting articles to paper, coordinating involvement with parades and public appearances, keep up Facebook page, assisting with annual fundraising events, improving brand acceptance.

Fundraising: Collecting cash boxes, coordinating raffles or banquets, assisting with fundraising projects.

Webmaster: Maintain website and Office 365 Team Site.

Volunteers and Scheduling: Assist with trip coordination.

Equipment and Maintenance: Making sure rods and reels are restrung and rigged, acquire tackle as needed, assist with boat maintenance and repair if needed, apply decals and remove decals.

I am available on the following days:





Let's Go Fishing of MN 1025 19th Ave SW Willmar, MN 56201 888-235-8448

2013 Background Check - Information Release Form

Let's Go Fishing of Minnesota is a non-profit 501(c)3 which requires <u>all</u> volunteers to pass a background check prior to working with guests. Please complete the information in printed format.

Full Name:					
	First	Middle	Last		
Home Street Add	ress:				
Mailing Address:					
City/State/Zip coo	le:				
Work Address:					
Home Phone:		Cell Phone: _			
Work Phone:		(Please in	nclude area codes on phone numbers)		
Home Email addr	ess:				
Work Email addre	ess:				
Driver's License N	Number:				
Date of Birth:		mm-dd-yyyy			
Have you ever be If yes, please ider	•	any other name(s) the last 7	years? Yes No		
Y					
Signature			Date		
Have you ever ha If yes, please ider		s in Minnesota or any other s	state in the USA? Yes No		
X			 Date		
Signature			Date		
February 21, 2013		For LGF – MN office use only	7		
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LGF Insurance Affidavit

•	Volunteer P	Volunteer Printed Name:				
SCHING	First	Middle	Last			
	DOB	mm-d	d-yyyy			
	_GF outing durin	teer who may operat g the 2013 fishing &	e a pontoon or boat boating season, I			
- I am	over 24 years of	age,				
		ug or alcohol related past 5 years, and	l driving, or criminal			
	g violations, and	ver's license with <u>NC</u> Vor at fault accidents	_			
I certify tha	t all the above st	atements are true.				
Signa	ature		 Date			