



CHARTER
STANDARD
CLUBS

SEASON
2010-11

VOLUNTEER APPLICATION FORM

Volunteers name _____

Home address _____

Post code _____

Date of birth _____

Home Tel no _____

Work no _____

Mobile no _____

Email (home) _____

Email (work) _____

Team Associated with WARTON TYPHOONS UNDER.....

Capacity in the Team* COACH / RUNNING THE SHOP / OTHER *Please Delete*

Please indicate if you would rather not be contacted on any of the above numbers in other than an emergency eg. no personal calls or emails at work. These details will not be published to players. They are intended primarily for Committee Officers use.

MEDICAL INFORMATION

Do you have any allergies? YES/NO (If yes please provide details)

Do you have any medical conditions or medication requirements that we should be aware of?

YES/NO (If yes please provide details)

Family Doctors name _____

Address _____

_____ Tel No _____

RELEVANT QUALIFICATIONS (please attach copies of certificates)

CRB DISCLOSURE NUMBER _____ ISSUE DATE _____

FIRST AID COURSE **YES/NO** ISSUE DATE _____

SAFEGUARDING CHILDREN COURSE **YES/NO** ISSUE DATE _____

ANY OTHER RELEVANT INFO OR QUALIFICATIONS _____

EMERGENCY CONTACT DETAILS

Name _____ Relationship _____

Contact number _____

Name _____ Relationship _____

Contact number _____

PHOTO PERMISSION

I DO / DO NOT give permission for the club and its registered members to photograph/video my matches/training for use in press releases, literature and on web-sites. These images will be used in such a way that complies with the FA's Child Protection policy.

I WILL ENSURE that any photos taken of me or any players while involved in club events will not be published on social network websites (e.g. Facebook or Twitter). **I HAVE READ** the attached Social Website policy for the club and understand the dangers involved in using such websites.

VOLUNTEER'S CONSENT

I HAVE READ the club's codes of conduct (attached) and agree that I, and other family members and friends, will abide by these codes of conduct at all times when representing the club and will observe the rules of Warton Typhoons JFC and The Rules and Regulations of the Football Association and all competitions in which Warton Typhoons JFC participates.

I acknowledge that I am expected to behave responsibly towards club kit, facilities or equipment and that the club reserves the right to charge full replacement cost for any damage or negligent loss to such equipment.

In the event that I am injured while undertaking voluntary duties for WTJFC or travelling to/from football events and my next of kin cannot be contacted on the above numbers, I give consent for emergency dental, medical or surgical treatment as considered necessary by the medical authorities to be administered.

**Depending on the position being applied for, you may be asked to attend an interview with selected committee member(s) of WTJFC.*

Signed _____ Date _____

For Internal Use
ALL CERTIFICATES ATTACHED

YES/NO