

2024/25 Club Membership FOR VOLUNTEERS



PLEASE COMPLETE IN BLOCK CAPITALS

Full Name		Date of Birth	FA No. (if known)
Address 1		Address 2	
Address 3	Address 4		Postcode
Club Role (if applicable)		Email Address	
Main Tel. No.	Emergency Tel. No.		Name (& relationship to applicant)
Volunteer Role(s)			

HEALTH: Do you have any known health needs or medical conditions that you think we need to be aware of? (e.g. diabetes, asthma, epilepsy, allergies):

YES / NO *(delete/circle)* If YES, please provide details:

.....

COMMUNICATION: Do you have any communication needs that you think we need to be aware of? (e.g. non-English speaker / hearing impairment / sign language user / dyslexia).

YES / NO *(delete/circle)* If YES, please tell us what those needs are and how we can help meet those needs:

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RELIGION: Will your participation in any religion or spiritual practice affect your involvement with the Club and is there anything we need to know to ensure your preferences/needs are met e.g. are there any times that you are unable to fulfill your role?

YES / NO *(delete/circle)* If YES, please provide details:

.....

PHOTOGRAPHY & FILMING: I'm happy for the Club to take photos and/or videos of me from time to time to promote and celebrate the activities of the Club and for training purposes. I understand that I can withdraw my consent for this at any time.

YES / NO *(delete/circle)*

AGREEMENT: I have read and agree to abide by the Club's Rules, Policies, Procedures and Codes of Conduct. I accept that it is my responsibility to inform the club directly of any changes to the details I have provided and am happy for the Club to hold any such information to help ensure my safety and wellbeing. I understand that I can withdraw my consent for this at any time.

Signature: Date:

NOTE: MEMBERSHIP FOR CLUB OFFICIALS IS FREE OF CHARGE