

Volunteer Information Form (Side A)

Please complete **LEGIBLY** using **BLOCK CAPITALS**



Local Leagues

Title _____ Full Name _____

Address _____

Postcode _____

Gender _____ Date Of Birth _____ Tel _____

Email _____ Mobile _____

(If you are a student living away from home, please use your term time address)

Emergency Contact

Title _____ Full Name _____

Address _____

Postcode _____

Relation _____ Mobile _____ Tel _____

Availability: I am willing to commit _____ hours per week

Please or write the times you will be available in the slot below. Place a in slot that you will **not** be available

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
9-12							
12-2							
2-5							
5+							

Have you volunteered before? *(If yes, please indicate where and for how long)*

Please state any relevant qualifications / skills you have that might be beneficial for you, other volunteers, and the community *(i.e. First Aid, Sports, Welfare Training, IT, Music etc.)*

Languages Spoken	Fluent	Conversant	Basic
English			

Please mention any physical / learning disability, or health problems that would require additional support from Local Leagues?

Volunteer Details

- Employed (Full time)
 Employed (Part time)

Specify Job

University/College _____

Year of Study (1,2,3...) _____

- Graduate
 Undergraduate
 Graduation Date
 / /

Receiving Benefits

- Housing
 Incapacity
 Job Seekers
 Other

Please Specify

Equal Opp Monitoring

- Bangladeshi
 Black – African
 Black – Caribbean
 Chinese
 Indian
 Kashmiri
 Pakistani
 White – British
 White – Irish
 Other

Please Specify

Preferred Role

- Football / Cricket
 Rugby / Hockey
 Netball / Basketball
 Admin
 Marketing / PR
 Fundraising
 Events
 Other

Please Specify



