ROCHDALE AFC VOLUNTEER APPLICATION FORM

Full name: ……………………………………………………….D.O.B: …………………

Contact details:

Address (including postcode)

Telephone

Mobile

Email

What do you want to achieve in volunteering for ROCHDALE AFC?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

How did you hear about volunteering for us? ……………………………………………..

Availability to volunteer (circle where appropriate):

TUES

WEDS

THURS

FRI

MON

SAT

SUN

am

pm

pm

am

pm

am

am

pm

am

pm

am

pm

pm

am

Fully flexible

Background information:

Details of any other volunteering experience/employment:

Any particular projects you wish to volunteer in and specific skills you wish to develop:

Do you drive?

YES

NO

(Circle where appropriate)

Do you require any reasonable adjustments in order for you to fulfill this role?

In order to volunteer for ROCHDALE AFC you may need

YES

NO

an up to date CRB check. Do you have this?

Do you have any criminal convictions? YES / NO

*If yes please give details on a separate sheet, this should exclude any spent convictions under section 4(2) of the rehabilitation offenders act 1997.*

Have you ever been excluded from a football league or premier league ground? YES /NO

Referee contact information: (Two referees required. Not a family member)

Address (including postcode)

Telephone

Mobile

Email

Name

Relationship to applicant

Address (including postcode)

Telephone

Mobile

Email

Name

Relationship to applicant

All personal details will be kept secure and confidential.

Emergency contact information:

Name

Telephone

Mobile

Relationship

to

applicant

…........................................................ ……………………

Applicant signature Date