

Getin2it Young Volunteers
Volunteer Application Form

Surname First Name(s)

Address

Postcode

Email Address

Telephone No.
(Home)

Date of Birth
dd/mm/yy

(Mobile)

Emergency Contact

Name Relationship to you

Address

Phone Number
(Home) (Mobile)

What type of things are you interested in?

Why do you want to volunteer with Getin2it?

What have you done before? *(Previous volunteering, courses, qualifications etc.)*

Health and Support.

Do you have any health or support need that Getin2it Sports Development needs to be made aware of.

If YES, please state what it is and any information needed.(e.g. Asthma – have own inhaler etc.)

VOLUNTEER CRIMINAL RECORD DECLARATION

Volunteering with Getin2it may involve working with Children and/or other vulnerable people. For this reason we are asking for the following information. This will be confidential and discussed with the volunteer co-ordinator within the project.

Do you have any current convictions against you? **Yes/No** (Please circle)

If YES, Please give details of the nature of the offence(s) and date(s):

We will contact you if further information is required under our Safeguarding Policy/ Disclosure and Barring Service check (DBS). If information is required under this policy you will not be allowed to start your voluntary work until we have receive full DBS clearance.

DATA DECLARATION (PLEASE READ BEFORE SIGNING)

I consent to Lichfield District Council processing my ordinary and special personal data for the purposes outlined in the attached privacy notice.

Name:

Signed:

Date:

*Please return this completed application form in an envelope to
Tasmin Turner (Youth Sports Development Officer)
At District house, Frog Lane, Lichfield, WS13 6YY*