

**Volunteer Application Form**

**Netball Europe Open Competition**

12th – 15th May 2016

All applications to be sent to:

Email: [volunteering@englandnetball.co.uk](mailto:volunteering@englandnetball.co.uk)

Post: Kat Valk, Volunteer Development Manager, England Netball, Netball House, 1-12 Old Park Road, Hitchin, Hertfordshire, SG5 2JR

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Email** |  |
| **Are you a member of Pass on your passion** |  |

|  |  |
| --- | --- |
| **Date of Birth** |  |
| **Gender** |  |
| **Address** |  |
| **Town/City** |  |
| **County** |  |
| **Country** |  |
| **Post Code** |  |
| **Region** |  |
| **Mobile** |  |
| **Landline** |  |
| **Have you been referred by another volunteer if yes who, name and email.** |  |
| **Emergency contact name** |  |
| **Emergency contact number** |  |
| **Clothing Size** |  |
| **Do you have a disability, medical condition, illness or allergies we should be aware of:** |  |
| **Please provide brief details** |  |
| **Have you ever been Convicted of any Criminal Offence** | **Yes No** |

|  |  |
| --- | --- |
| **Have you Volunteered for England Netball events team before? If Yes, please provide event name and role.** |  |
| **Have you previously volunteered in any other area/sport** |  |
| **Please provide brief details** |  |
| **Any Dietary requirements** |  |
| **Which Club/Organisation are you from** |  |

|  |  |
| --- | --- |
| **Coaching Qualifications** |  |
| **Date achieved** |  |
| **Officiating Qualifications** |  |
| **Date achieved** |  |
| **Other relevant experience/qualifications** |  |
| **Have you any previous convictions for a criminal offence or are any legal proceedings pending** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tick all you wish to be considered for | **12th May** | **13th May** | **14th May** | **15th May** |
| **Ball Patrol Team Leader** |  |  |  |  |
| **Athlete Service Team** |  |  |  |  |
| **Accreditation Manager** |  |  |  |  |
| **Merchandise/Programme Seller** |  |  |  |  |
| **Volunteer Coordinator** |  |  |  |  |
| **Event Crew** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Volunteer Collection Details (only applicable to under 18’s)**  Please confirm collection details of the volunteer (delete as appropriate):   * They will be collected at …………………………(location, time) by………………………… (full name)   **Or** They are making their own way home | | | |
| **Parental/Guardian Consent if under 18 (if over 18, please complete yourself)**  I, (parent/guardian full name)………………………………………………………………… agree to (full name of volunteer) ……………………………………………………….taking part in the event described above and have read the information sheet.  Name (print):  Signed……………………………………………………………………………………… Date……………………………………………………………. | | | |
| **Declaration** | | | |
| I declare that to the best of my knowledge the information on this form is true and accurate.  **I accept that false information or omission may lead to my being prevented from acting as a Volunteer now or in the future.** | | | |
| **Signature** |  | **Date** |  |