

Volunteer Application Form

STEYNING STRIKERS FOOTBALL CLUB



Please complete this form clearly using block capitals:

Position applied for: _____

Part A: Personal Details

Title: Mr Mrs Miss Other

Surname: _____

Forname: _____

Any other names you are/have been known by:

Date of Birth: _____ National Ins No: _____

Current address: _____

Postcode: _____

If you have lived at your current address for less than 5 years please provide any previous addresses on an additional sheet of paper.

Contact phone

Day: _____ Evening: _____

Contact Email: _____

Mobile No: _____

Part B: Employment Details

Current Job Title: _____

Name of Employer: _____

Address: _____

Postcode: _____

Telephone No: _____

Nature of Duties: _____

Part C: Previous Volunteer Experience

Name of Organisation: _____

Start Date: _____ Finish Date: _____
(If applicable)

Address: _____

Telephone No: _____

Nature of Duties: _____

If you have any other relevant voluntary experience please use an additional sheet of paper.

Part D: Qualifications

Academic/vocational. eg GCSE/NVQ

Sporting Qualifications

Are you a member of the FA Coaches Association?

Yes Reg No: _____ No:

Part E: References

Please provide the names and address of two people who know you well (but are not related) who have knowledge of your work with children who we can contact.

Name: _____

Address: _____

Telephone No: _____

How is this Person Known to You?

Name: _____

Address: _____

Telephone No: _____

How is this Person Known to You?

Part F: Applicant Declaration

I confirm the information that I have provided in support of my application is a complete and true record.

Signature: _____

Date: _____