



VOLUNTEER APPLICATION FORM

This form must be completed by volunteers or a parent/guardian/carer if under the age of 18 prior to starting volunteering. Please answer all the questions

VOLUNTEER DETAILS

Volunteer Surname: Volunteer First Name:

Male / Female

Address:.....
 Post Code:.....

Date of Birth:..... Age:

Emergency contact number:Relationship:.....

MEDICAL INFORMATION

AVAILABILITY

Please tick your availability for day time or evening volunteering.

DAY	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

Any sporting activities that you would particularly like to be involved in:

CONSENT STATEMENT

I am in good health and I consider myself capable of volunteering for Fleetwood Town Community Trust. I have completed the medical details and consent that in the event of any illness/accident, a suitably qualified person can administer any necessary treatment to me. I also accept that there are risks associated in physical activity events and that the event organisers, coaches and instructors will take every precaution to minimise those risks.

Signed Name Date