**BOSTON AND DISTRICT ATHLETIC CLUB**

OUR PHILOSOPHY - ACCESS FOR ALL - NO BARRIERS

**VOLUNTEER APPLICATION FORM**

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| **About You**Please tell us details so we can contact you about next steps |
| **First Name** |  | **Surname** |  |
| **Pronouns (a word that substitutes for your name). So, we know what to call you. For example, he/him, she/her, they/them** |  |
| **Date of Birth** |  |  |  |
| **Phone number**  |  | **Email address** |  |

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| **PARENT/CARER DETAILS**If you are under 18 years of age, please ask your parent/carer to complete the following: |
| **First Name** |  | **Surname** |  |
| **Phone number** |  |  |  |
| **Email Address** |  |
| **Signature**  |  |
| **Date** |  |

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| **Your Motivates** Please tick all that apply for why you want to volunteer at our club |
| * I am a parent and carer and want to support the club
* I am a current club member and want to give back to the club I care about
* I want to make a difference
* I want to gain experience and new skills, or enhance my CV
* I want to stay fit and active
* I want to meet new like-minded people, or get to know people in my local community
* Other (Please tell us more)
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| **Your Volunteering****Please tell us what volunteering roles or tasks interests you?** |
| There are lots of ways that you can get involved. Have a think about what you would like to do at the club, and where your skills and interests may fit.If you are applying for an advertised role, please state the role hereIf you are expressing a general interest in volunteering, please tick everything that appeals to you? |
| * Coaching
* Officiating
* Team Manager
* Events & Competition
* Finance
* Welfare and Safeguarding
 | * Club Committee
* Marketing & Communications
* Digital
* Unsure but want to do something
* Other (please let us know)
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| **Your Qualifications**Please use this space to let us know if you have any qualifications relevant to the volunteering role you wish to do. |
| Note: If you are an existing coach or official, please state courses attended and your URN |

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| **Your Skills and Experience**Please use this space to tell us a little bit more about your skills andexperience. |
| You may wish to talk about your hobbies, talents, or interests outside of work and school. Whether you enjoy playing football, reading, playing an instrument, or something else – we want to hear more about you. |

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| **Your Hobbies and Interests**Please use this space to tell us a little bit more about yourself. |
| You may wish to talk about your hobbies, talents, or interests outside of work and school. Whether you enjoy playing football, reading, playing an instrument, or something else – we want to hear more about you. |

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| **Additional support** Please use this space to tell us a little bit more any additional support you require |
| We welcome and value our volunteers for the skills they bring to the Club. To ensure that we consider any appropriate adjustments to the volunteer environment and to better support you in your role, **please give details below of any relevant disabilities, special requirements or health issues.** |

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| **Your References**Please give details of two referees (not relatives) who the club may contact to request character references from should it be considered necessary to do so. These should be people who have known you for at least five years and have some professional standing in your community. |
| **Reference 1**Name:Position:Organisation:Email:Phone number: | **Reference 2**Name:Position:Organisation:Email:Phone number: |

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| **Your Declaration** |
| I confirm that the information I have given is accurate and that I have not knowingly withheld any information which is relevant to this application. I understand that before I can start volunteering the club will carry out the following checks;1. Satisfactory references
2. Self-Declaration
3. DBS Check (where relevant)
4. Verification of qualifications where applicable to the volunteering role
* I consent to my information being held and processed by [insert club] in accordance with the 1998 Data protection Act.

Signed:Print Name:Date: |

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| **Diversity Information (Over 16s only)** |
| When you join our club as a volunteer we ask some extra questions about you. We ask questions to collect overall statistical information– not to pinpoint individuals. It helps us understand who is, and isn’t, joining our club so we can take positive action to make our club more diverse and inclusive. There are strict laws to make sure your information is stored safely and responsibly. This information is stored separately to your personal information. Your answers are confidential. By learning more about the people in our club, we can tailor what we do to meet your needs. |

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| **What is your ethnic group?** | **White** | **Mixed / multiple ethnic groups** |
|  | English / Welsh / Scottish / Northern Irish / British |  | White and Black Caribbean |
|  | Irish |  | White and Black African |
|  | Gypsy of Irish Traveller |  | White and Asian |
|  | Roma |  | Any other Mixed/multiple ethnic background (Please state):  |
|  | Polish |  | Any other White Background (Please state): |
| **Asian / Asian British** | **Black / African / Caribbean / Black British** |
|  | Indian |  | African |
|  | Pakistani |  | Caribbean |
|  | Bangladeshi |  | Any other Black / African . Caribbean/Black British background (Please state) : |
|  | Chinese |
|  | Any other Asian background (Please state) |
| **Other Ethnic Group** |
|  | Arab |  |
|  | Any other ethnic group (Please state) :  |
|  | Prefer not to say |
| **What best describes your gender?** |  | Female |
|  | Male |
|  | Non-Binary |
|  | Prefer to self-describe (please state) |
|  | Prefer not to say |
| **Which of the following best describes your sexual orientation (only for those aged 16+)?** |  | Bisexual |
|  | Gay or lesbian |
|  | Heterosexual/straight |
|  | Prefer to self-describe (please state): |
|  | Prefer not to say |
| **Do you have any long-term health conditions, impairments or illnesses that have a substantial effect on your ability to do normal daily activities?****This could include, for example, physical, sensory, learning, social, behavioural or mental health conditions or impairments. Long-term means that they have lasted, or are expected to last, 12 months or more.** |
|  | Yes |
|  | No |
|  | Don’t Know |
|  | Prefer not to say |
| **If yes- Do these health conditions, impairments or illnesses affect you in any of the following areas?****Please select all that apply** |
| * Breathing or stamina ☐
* Chronic health condition (for example, but not limited to, diabetes, coronary heart disease, stroke, epilepsy and hypertension) ☐
* Dexterity (for example lifting and carrying objects, using a keyboard)
* Hearing (for example deafness or partial hearing) ☐
* Learning or understanding or concentrating ☐
* Long term pain ☐
* Memory ☐
 | * Mental Health ☐
* Mobility (for example walking short distances or climbing stairs) ☐
* Social, behavioural or neurodiversity (for example, but not limited to, associated with autism, attention deficit disorder or Asperger's syndrome) ☐
* Speech or making yourself understood ☐
* Vision (for example blindness or partial sight loss) ☐
* Don’t know ☐
* Prefer not to say ☐
* Other (please specify) ☐
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| **Consent** |
| ☐ I consent to the processing of my special category personal data provided in the diversity information for the purpose of anonymous reporting  |