

Kick Off Coaching 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: …………………….

## CONTACT

Emergency contact number: …………………………………………….Relationship:…………………………..

**MEDICAL INFROMATION**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## AVAILABILITY

**Please tick your availability for day time or evening volunteering.**

|  |  |  |
| --- | --- | --- |
| **DAY** | **DAY TIME** | **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 ….............