

**Medway Council Sports Development Team
Event volunteer registration form**

PERSONAL DETAILS:

| | | | |
|---------------------------------|--|----------------------|--|
| Full name: (Mr, Mrs, Ms, Miss*) | | | |
| Address: | | | |
| | | | |
| Telephone (daytime): | | Telephone (evening): | |
| Telephone (mobile): | | | |
| Email address: | | | |

RELEVANT INVOLVEMENT IN SPORT:

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| |
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| |

EXPERIENCE OF WORKING WITH:

| | | | | | |
|----------------------|----------------------------|----------------------|----------------------------|---------------------|----------------------------|
| Children (3-5 yrs) | <input type="checkbox"/> * | Children (14-16 yrs) | <input type="checkbox"/> * | Beginners | <input type="checkbox"/> * |
| Children (5-7 yrs) | <input type="checkbox"/> * | Children (16+ yrs) | <input type="checkbox"/> * | Intermediates | <input type="checkbox"/> * |
| Children (7-11 yrs) | <input type="checkbox"/> * | Adults | <input type="checkbox"/> * | Advanced performers | <input type="checkbox"/> * |
| Children (11-14 yrs) | <input type="checkbox"/> * | | | Disabled performers | <input type="checkbox"/> * |

POSSIBLE AVAILABILITY:

| | | | | | |
|------------|----------------------------|--------------|----------------------------|----------|----------------------------|
| Mornings | <input type="checkbox"/> * | After-school | <input type="checkbox"/> * | Weekends | <input type="checkbox"/> * |
| Afternoons | <input type="checkbox"/> * | Evenings | <input type="checkbox"/> * | Holidays | <input type="checkbox"/> * |

REFERENCES:

Please give details of two referees (neither should be a relative) who may be contacted regarding your registration. These referees should be (a) people you have previously worked for or (b) have experience of your involvement in sport, particularly working with children.

| | | | |
|--|--|--|-----------|
| Referee 1: (Mr, Mrs, Ms, Miss*) | | | |
| Address: | | | |
| | | | |
| | | | Postcode: |
| | | | |
| Referee 2: (Mr, Mrs, Ms, Miss*) | | | |
| Address: | | | |
| | | | |
| | | | Postcode: |
| | | | |

| | | | |
|--|--|---------|--|
| <input type="checkbox"/> I declare that the information I have given in this form is correct to the best of my knowledge | | Yes/No* | |
| <input type="checkbox"/> I consent to an enhanced CRB disclosure being undertaken (if necessary) | | Yes/No* | |
| <input type="checkbox"/> I consent to this information being shared with Medway's Volunteer Bureaux | | Yes/No* | |
| Signed: | | Date: | |
| Print name: | | | |

| EQUAL OPPORTUNITIES DATA: (USED FOR MONITORING PURPOSES ONLY) | | | |
|---|----------------------------|------------------------------------|----------------------------|
| <input type="checkbox"/> What is your date of birth? | | | |
| <input type="checkbox"/> What is your gender? | | Male/Female* | |
| <input type="checkbox"/> Please tick the box that most closely describes your cultural background | | | |
| White - British | <input type="checkbox"/> * | Asian or Asian British - Pakistani | <input type="checkbox"/> * |
| White - Irish | <input type="checkbox"/> * | Asian or Asian British Bangladeshi | <input type="checkbox"/> * |
| Any other White background | <input type="checkbox"/> * | Any other Asian background | <input type="checkbox"/> * |
| Mixed - White and Black Caribbean | <input type="checkbox"/> * | Black or Black British - Caribbean | <input type="checkbox"/> * |
| Mixed - White and Black African | <input type="checkbox"/> * | Black or Black British - African | <input type="checkbox"/> * |
| Mixed - White and Black Asian | <input type="checkbox"/> * | Any other Black background | <input type="checkbox"/> * |
| Any other Mixed background | <input type="checkbox"/> * | Chinese | <input type="checkbox"/> * |
| Asian or Asian British - Indian | <input type="checkbox"/> * | Any other | <input type="checkbox"/> * |
| <input type="checkbox"/> Are you registered disabled? | | Yes/No* | |
| <input type="checkbox"/> What is your profession? | | | |

(*Tick/delete as appropriate)

Please return completed registration forms to:

Medway Council
 Regeneration, Community and Culture
 Sports Development Team
 Black Lion Leisure Centre
 Mill Road
 Gillingham
 Kent ME7 1HF
 Telephone: 01634 338761
 Email: sportsdevteam@medway.gov.uk

| OFFICIAL USE ONLY: | | | |
|---------------------------|--|-------------------------|--|
| CRB disclosure number: | | Date disclosure issued: | |
| Name of employer: | | Registered body: | |

Data being collected by Medway Council will be stored and used in compliance with the Data Protection Act 1998