



WOLVERHAMPTON & BILSTON ATHLETICS CLUB Est 1967
 Headquarters: Aldersley Leisure Village, Wolverhampton WV6 9NW
www.wolvesandbilstonac.co.uk E:mail wolvesandbilstonac@gmail.com

Wolverhampton & Bilston A.C: Membership is open to all areas of the community regardless of their ability or background

VOLUNTEER FORM

Title		Male		Female		EA	
Forename/s				Surname			
Address							
Postcode				Date of birth			
Home No.				Mobile No.			
Email address							
Date joined (<i>if known</i>)							
Volunteer position							
Please state any medical conditions, learning difficulties, disabilities or allergy that could affect training, e.g. asthma:							

EMERGENCY CONTACT Please provide details of a person we can contact in an emergency			
Name		Relationship	
Home Tel No		Mobile no	

If you are a coach or official, please complete the information below

Position	Level	Number	Expiry Date

	Yes	No	N/A
Have you read the Code of Conduct for Volunteers			
Have you got an up to date DBS (<i>If Yes please complete the below</i>)			

DBS Reference Number	Expiry Date

If No, please see the membership secretary as soon as possible.

Have you had the following training?

Training subject	Yes	No
First Aid		
Safeguarding		
Coaching		
Other please state		

Do you represent the club as an athlete?	Yes		No	
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Signed by volunteer		Date	
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Office use only		
Proposed by:	Seconded by:	Date elected: