

CHORLEY MARLINS ASC

VOLUNTEER CLUB MEMBERSHIP FORM 2011

VOLUNTEER DETAILS						
Name:				D.o.B.:		
Address:				ASA Numb	er:	
Postcode:						
Home Tel:						
Mobile Tel:						
Email address:						
Are you the parent/guardian of a Chorley Marlins ASC swimmer? (if yes, please provide name, D.o.B. and ASA number)						
Do you hold a current sports coaching qualification? If yes, in which sport and at what level? YES □ NO □						
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Do you have any specific skills or experience which you think may benefit/assist the club?						NO 🗖
Do you have a preference as to which job you would like to volunteer for, please state below? YES □ NO □ E.g. committee, poolside, fundraising						
If you have not stated any specific job above, please tick any number of the boxes below:						
General volunteer	YES □	NO □	Swimmers marsha	al for the poolsion	de YES □	NO □
Door and Reception	YES □	NO 🗖	Poolside Coaching	g	YES 🗖	NO □
Programme/Raffle Seller	YES □	NO 🗖	Dry land training of	coaching	YES 🗖	NO □
Announcer	YES □	NO 🗖	Poolside duties e.	g. Timekeeper	etc YES 🗖	NO □
Do you hold current CRB clearance and certification through Chorley Marlins?					YES 🗖	NO 🗖
Do you hold current CRB clearance and certification through another organisation such as YES NO your child's local football club? If no, we may require you to complete the necessary form and it will be submitted by Chorley Marlins/the ASA for accreditation.						NO 🗖
Have you attended a Child Protection Course?					YES 🗖	NO 🗖
If no, Chorley Marlins may nominate you to attend a course.						
DECLARATION						
I understand that the details provided on this form will be held on the club database, this is confidential and used only for the efficient operation of the club. Only elected officials of the club have access to the database.						
SIGNATURE: DAT					DATE:	