



Volunteer Application Form

Information given on this form will only be passed to those persons within the Club who need to know.
 Please note that for safety and insurance purposes it will not be possible for the volunteer to swim in the pool until this form is completed and signed

Full name:		Date of birth:	
Home address:			
	Postcode		
Email address:			
Phone number:		Mobile number:	
Emergency Contact Details		Name:	
Phone number:		Relationship to Volunteer:	
(Please tick box)	Yes	No	
I would like to assist with a swimming role	<input type="checkbox"/>	<input type="checkbox"/>	Ticking YES certifies I can swim a min 2 lengths (50m)
I would like to assist with a non-swimming role	<input type="checkbox"/>	<input type="checkbox"/>	
What key skills do you possess that will benefit the Club?			
Do you have any medical conditions that we need to be aware of?			



Please be aware that it is standard procedure to undertake an enhanced DBS check on every volunteer.

We also require you to provide contact details of **2** suitable referees that have known you for at least 3 years.

Name:

Name:

Address:

Address:

Phone number:

Phone number:

Email:

Email:

How do you know your referee?

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Whilst the club is affiliated to the Halliwick Association of Swimming Therapy, which is an expert body in teaching people with disabilities to swim by the Halliwick Method, we are unable to accept responsibility for loss or damage to a person or their belongings. All volunteers must abide by the Clubs policies, procedures and the Code of Good Practice.

Information contained within this form may be kept on a digital file in addition to this paper copy. If you object to this information being stored in this way, please inform the IT, Media & Data Protection Officer.

Please return this form to: Swans Chief Instructor or Training Instructor

Print name of person completing the form:	
Signed by person completing the form:	
Date:	