

Bonnyrigg Rose Community Football Club



BONNYRIGG ROSE COMMUNITY FOOTBALL CLUB VOLUNTEER APPLICATION FORM

Should you wish to volunteer to join our club the process should be completed online at www.bonnyriggrose.org.uk/joinus

The sections of the report you will be requested to complete will be as follows. Please do not leave any section blank or your application will be rejected.

Join Us

If you are interested in joining Bonnyrigg Rose Community Football Club as a player, coach or volunteer then please fill out this form. Please note: All applications are subject to the relevant age group having space to accept new players. If there is no capacity at the initial request to join then potential players will be held on a waiting list. * indicates required field

Member Type *:

Choose a Member Type Player Coach Volunteer

Squad Number :



Bonnyrigg Rose Community Football Club, Poltonhall Sports Complex, 7a Poltonhall Avenue Road, Bonnyrigg, EH19 2NU, Registered Charity SC050923

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SYFA ID :

SFA ID :

First Name *:

Last Name *:

Date of Birth (dd/mm/yyyy) *:

Gender *:

FemaleMale

Address *:

Town/City *:

Post Code *:

School :

Phone Number *:

Email Address *:

Contact 1 First Name *:

Contact 1 Last Name *:

Contact 1 Phone Number *:

Contact 1 Email Address *:

Relationship to Member *:

Section B: Your present or most recent voluntary work

Name of Organisation *:

Summary of Role and Responsibilities *:

Please give Reason for Leaving *:

Section C: Please give details of previous youth football coaching experience *:

Section D: Please give details of relevant qualifications (Coaching certificates) and personal qualities which would equip you to work in youth football *:

Section E: References – At least one should have knowledge of previous work you have undertaken with children and young people *:

Reference 1

Reference First Name *:

Reference Last Name *:

Reference Organisation (if applicable) *:

Reference Phone Number *:

Reference Email Address *:

Relationship to Member *:

Reference 2

Reference First Name *:

Reference Last Name *:

Reference Organisation (if applicable) *:

Reference Phone Number *:

Reference Email Address *:

Relationship to Member *:

Section F: PVG Procedures - Your involvement with Bonnyrigg CFC will require the completion of a PVG check. Please confirm that you agree/do not agree to this check

YesNo

Section G: I declare that the information given on this application is true and understand that the canvassing of any employee or member of the club, directly or indirectly, in connection with this application shall disqualify me *

YesNo