

This form is available in a variety of other formats on request - please direct any queries to Claire Knowles, on 02920 873927



**UKSG Wales 2009
Volunteer Application Form**

Please complete and return to:

Claire Knowles
UKSG Volunteer Co-ordinator
Sport.Cardiff
Room 446
Cardiff Council
County Hall
Atlantic Wharf
Cardiff
CF10 4UW

VOLUNTEER PERSONAL DETAILS:

Name:	
Date of birth:	
Address:	
Post code:	
Mobile tel:	
Home tel:	
Email address:	
School / organisation (if applicable)	

ETHNIC ORIGIN: Choose one section from (a) to (e) then tick the appropriate box to indicate your ethnic origin

<p>(a) White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> European</p> <p>Please specify</p>	<p>(b) Mixed Race</p> <p><input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background</p> <p>Please specify</p>
<p>(c) Asian</p> <p><input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background</p> <p>Please specify.....</p>	<p>(d) Black</p> <p><input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background</p> <p>Please specify.....</p>
<p>(e) Chinese or Other Far Eastern</p> <p><input type="checkbox"/> British <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Any additional Chinese or Far Eastern background</p> <p>Please specify</p>	

Please can you complete the following section, to ensure we can allocate you to an appropriate role:
Do you define yourself as a disabled person? Yes No





TRAINING: Please tick if you have had any volunteering experience:			
Sport			Other: (please specify).....
Events	Coaching	Umpiring	

Please provide additional information of any qualifications or relevant training you have undertaken (use separate sheet if necessary):

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Have you completed an enhanced **Criminal Records Bureau** check? Yes No

If Yes; Please tell us who this was undertaken by, your disclosure reference number, and the date the check was completed:

Organisation:.....Ref.Number:.....Date:.....

Have you attended a Sports Coach UK 'Safeguarding and Protecting Children' Workshop in the last 3 years?

Yes No If yes, please provide date on certificate:.....

PLEASE NOTE:

All volunteers will be required to attend a one-day orientation training session – please tick which training session you would be available to attend: **Sunday 12th July** **OR** **Sunday 9th August** (dates TBC)

There may also be a 2 day generic volunteer training event available, dates TBC

EVENT AVAILABILITY: Please tick below, the days and times you would be available to volunteer on:						
September 2009	Weds 2nd	Thurs 3rd	Fri 4th	Sat 5th	Sun 6th	Mon 7th
a.m.						
p.m.						

Please tell us if you are interested in doing a specific role:.....

(details of roles can be found on the information sheet attached)

***We are keen to develop a team atmosphere surrounding the volunteers for the UKSG and therefore would value commitment for a minimum of 2 days and longer if possible.

Application confirmation:

Name of Volunteer (please print):

Signature of Volunteer: _____ Date: _____

For those under 18 we require a counter signature of a Parent/ Guardian

Name of Parent/Guardian (please print): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Information collected may be shared between Newport, Swansea and Cardiff City Councils, and may be used after the event to inform volunteers of future events.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

Please direct any queries to **Claire Knowles**, on **02920 873927**, and return completed application forms to the address at the top of the form. Forms can also be emailed to uksgvolunteers@cardiff.gov.uk

For further information about the UK School Games please visit www.ukschoolgames.com

Thank you for your application!

