



# Swimming therapy for everybody

## VOLUNTEER APPLICATION FORM

EMAIL ADDRESS:

FULL NAME

DATE OF BIRTH

HOME ADDRESS

POSTCODE

PHONE NUMBERS: MOBILE

EVENING EMERGENCY:

EMERGENCY CONTACT DETAILS

(PLEASE TICK BOX)

I would like to assist with a swimming role

YES

NO

Ticking YES certifies I can swim a min.2 lengths (50m)

I would like to assist with a non-swimming role

What key skills do you possess that will benefit the club?

Where did you hear about Alsager Swans?

I agree to this form being stored in your records.

SIGNATURE

DATE

Please be aware it is standard procedure to undertake a DBS check on every volunteer.

We require the name, address, telephone number and email address of a suitable referee. Please list their details below.

FOR OFFICE USE ONLY

**DBS CHECK:** Already hold DBS certificate (within 5 years): Y / N

Date applied for:

Date clearance received: