



WOLVERHAMPTON & BILSTON ATHLETICS CLUB (Est 1967)

Headquarters: Aldersley Leisure Village, Wolverhampton WV6 9NW

VOLUNTEER APPLICATION FORM 2019

Wolverhampton and Bilston AC membership is open to all areas of the community regardless of their ability and background

EQUALITY STATEMENT: WBAC respects the rights and dignity of everyone and will be treated equally regardless of age, ability, gender, race, religious belief, sexual or social status.

PLEASE complete in full and return to membership@wolvesandbilstonac.co.uk

| EA Number | Do you represent the club as an athlete? | Yes | No | |
|-----------|--|-----|----|--|

| Title | | Male / Female | (please circle) | Date of Birth: | Age: |
|---------|---------|---------------|-----------------|----------------|------|
| First N | lame | | S | ırname | |
| Addre | SS | | | | |
| | | | | Post Cod | е |
| Home | Tel No. | | | Mobile No. | |
| E-mail | | | | | |

Are there any medical conditions (eg Asthma, allergies, diabetes) or do you have a disability that you wish the Club to be aware of or which might affect training? No / Yes - Details

| EMERGENCY C | CONTACT Please provide details | | |
|-------------|--------------------------------|--------------|--|
| Name | | Relationship | |
| Home Tel No | | Mobile no | |
| Name | | Relationship | |
| Home Tel No | | Mobile no | |

Volunteer position (Please tick all that applies)

| Assistant Coach Level 1 | Coach Level 2 | |
|-------------------------|--------------------|--|
| Coach Level 3 | Coach Level 4 | |
| Disability Coach | Helper | |
| Official | Time Keeper | |
| Duke of Edinburgh | Support to Coaches | |
| Admin duties | Group Leader | |





If you are a coach or official, please complete the information below

| Position | Level | Number | Expiry Date |
|------------------------------------|-------|-----------------|-------------|
| | | | |
| | | | |
| Have you got an up to date DBS Yes | No No | Not Applicable? | |
| If Yes please complete the below: | | | |
| DBS Reference Number | 1 | Expiry Date | |
| | | | |

If No, please see the membership secretary as soon as possible.

Disability: Definition of **disability** under the Equality **Act 2010**. You're disabled under the Equality **Act 2010** if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

| Do you consider yourself to have a disability | Yes | No | (Please circle) |
|---|-----|----|-----------------|
| If yes what is the nature of your disability. | | | |
| | | | |

| Learning Disability / Difficulty | Long Term Illness | Mental Health Conditions | |
|----------------------------------|--------------------|--------------------------|--|
| Physical Impairment | Sensory Impairment | Other | |

As a member of Wolverhampton & Bilston AC you agree to represent your club when chosen and abide by the rules of the club including the Code of Conduct for Athletes and the Safety Rules & Guidelines (which are all on our website) and those of England Athletics which can be found on <u>www.englandathletics.co.uk</u>. The information provided by you will be kept on a database for club administration purposes only. Athletes may be filmed or photographed during training or competition – if you wish to opt out please speak to a club official.

Please tick box to agree

Please tick box to agree for filming /photography

"When you become a member of or renew your membership with Wolverhampton and Bilston AC you will automatically be registered as a member of England Athletics. We will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called myAthletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact <u>dataprotection@englandathletics.org</u>."

| Signed by athlete / volunteer | Date | |
|-------------------------------|------|--|
| | | |

| Office use only | | | | |
|-----------------|--------------|---------------|--|--|
| Proposed by: | Seconded by: | Date elected: | | |
| | | | | |
| | 1 | 1 | | |