

EVERYBODY ACTIVE



STEP INTO SPORT VOLUNTEER REGISTRATION FORM

Is there a specific project from the enclosed volunteering calendar that you would be interested in working on?

1.	2.
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AVAILABILITY Please tick the months you will be available to volunteer in South Yorkshire

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Tick												

Please tick the days and times when you may be available. This does not represent regular commitment on your behalf.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

ARE YOU CLAIMING ANY BENEFITS?

If yes, which ones?.....
(This may limit the hours you can work as a volunteer)

HOW DID YOU FIND OUT ABOUT STEP INTO SPORT?

REFEREES

These should be people who have known you for at least 2 years and can comment on your suitability for this project. Referees can not be friends or family.

1. Name _____	2. Name _____
Address _____	Address _____
_____	_____
_____	_____

DATA PROTECTION DECLARATION

I agree that the above information can be stored in the Step into Sport project database and used for administrative purposes in compliance with the Data Protection Act 1998. I agree to complete a CRB disclosure check where necessary (before starting work with vulnerable people, e.g. under 16's, people with learning disabilities, elderly people). **Signed**.....**Date**.....



LEADERSHIP

MARKETING

ORGANISING EVENTS

STEWARDSHIP

COACHING

RESEARCH

UMPIRING

FUNDRAISING

Supported by

- Barnsley Metropolitan Borough Council
- Doncaster Metropolitan Borough Council
- Rotherham Metropolitan Borough Council
- Sheffield City Council
- Sport England
- Youth Sport Trust
- British Sports Trust

PLEASE RETURN TO:- South Yorkshire Sport, English Institute of Sport, Coleridge Road, Sheffield S9 5DA
Telephone: 0114 223 5674 • Fax: 0114 223 5676

Tel: 0114 223 5674

design : print (bsd - bright star) 0114 276 3736

CONTACT DETAILS

First Name	Last Name
Address	
Postcode	
Phone	Mobile
E-mail	Date of Birth
School/College attended (where applicable)	

PLEASE TELL US WHAT SORT OF WORK YOU WOULD LIKE TO DO

Please say what sort of work or what tasks you would like to do.

Please describe any skills, qualifications or experience you have which might be relevant.

Do you have a full driving licence? YES/NO	a PSV licence? YES/NO
Do you have access to a car? YES/NO	
Are there any skills or qualifications you would like to gain?	
Please detail the geographical area that you would be willing to work in.	

PLEASE TELL US MORE ABOUT YOURSELF

Do you have any special needs that need to be considered in placing you as a volunteer?
(please tick relevant boxes)

Wheelchair user	Mobility issues	Periodic debility e.g. Diabetes, ME
Epilepsy	Visual impairment	Learning/literacy difficulties
Mental health issues	Care responsibilities	Communication difficulties
Any other needs or useful information, e.g. medication, equipment		

DO YOU HAVE ANY SPORTS RELATED OR OTHER QUALIFICATIONS OF RELEVANCE

Name of award	Level	Awarding Body	Date achieved

Please give details of any other relevant qualifications or training you have received.

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PLEASE GIVE BRIEF DETAILS OF ANY PREVIOUS PAID OR VOLUNTARY WORK RELEVANT TO SPORTS VOLUNTEERING

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WOULD YOU BE INTERESTED IN ANY TRAINING AVAILABLE? (Please give details)

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AREAS OF INTEREST Please tick areas of interest to help match you with the most appropriate volunteering opportunity

Children		Education	
Young People		Mentoring	
Elderly		Other (please specify)	
Disability – mental health			
Disability – physical health			
Ethnic minority groups			
Women's groups			

TYPE OF ACTIVITY Please tick all the types of activity that you would be interested in

Administration		Marketing	
Driving		Coaching	
Research		Refereeing/adjudicating/umpiring	
Event Organiser		Stewarding	
Finance Work		Other	
Fundraising			
Legal work			

TYPE OF SPORT/ACTIVITY Please list your preferred sports or activity

1.	3.
2.	4.