

Volunteers Membership 2018/19 Season

Volunteer Information

First Name							Surname					
Date of Birth	D	D	M	M	Y	Y	Y	Y				

Please indicate below if you have any FA qualifications or certifications - if so provide details.

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Please indicate below if there are any FA qualifications or certifications you would like to obtain.

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Contact Information

Email Addresses

[illegible][illegible]

Home Address	
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Postcode									
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Emergency Contact Information

Name	
Relationship	
Contact Number	

Medical Information

Please indicate below if you have any medical conditions or allergies that the club should be aware of - if so provide details.

Please indicate below if you have suffered from concussion or sustained a head, neck or spinal injury - if so provide details.

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Declaration

Sevenoaks Town FC requires your permission to publish content relating to you, including match reports and team pictures, online and in print. Please indicate below if you are happy for the following to be published:

Yes / No

1. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
2. I undertake to inform the club of any changes to the above information at the earliest available opportunity.
3. I agree that, in the event of an emergency, I may receive dental, medical or surgical treatment, as considered necessary by the medical authorities present and that the above details may be made known to qualified medical personnel.
4. I agree that an approved DBS/CRC checked club official can access the club's database for emergency contact details and medical information on me.
5. I accept and agree to abide by the club's and FA Respect Code of Conduct.
6. I confirm that I will pay all my fines when issued by The FA, County FA or League

GDPR

Details of our Data Protection and Privacy Policy are available on our www.sevenoakstownfc.co.uk

The club regards the following as an essential part of running the club and will therefore email you regarding team matters, club news and information which could include club sponsors' information. We will not pass your details onto any 3rd party other than the league your team competes in, The FA and County FA - this will enable you to be a registered volunteer for Sevenoaks Town FC.

We could also email you about non club matters such as other organisations' charity events and club members' sponsor requests. Please indicate whether you wish to Opt In or Opt Out of receiving such emails from the club.

Please delete/cross out the option below that does not apply

I would like to Opt In

I would like to Opt Out

Insurance

Sevenoaks Town FC (STFC) takes out personal accident insurance for members with the Kent FA of which details are available upon request. STFC cannot accept any responsibility for injuries sustained to players so it may be advisable to take out additional cover.

By signing this form I agree to all of the above

Signature of Volunteer:

Date: / /

