



# **HALTON FARNWORTH HORNETS** arlfc

## **VOLUNTEERS – PROFILE FORM** [TWO PAGE FORM]

<b>Surname:</b>		<b>First Name:</b>		<b>D.O.B:</b>	
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<b>Home Address:</b>			
	<b>Post Code:</b>		

<b>Home Tele No:</b>	01	<b>Mobile No:</b>	07
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<b>Email Address:</b>	
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<b>Qualifications/Training/Awards – DATES:</b>	<b>Awarding Body/Qualification:</b>

<b>Please list any skills, experience, interests you have that are relevant to this application:</b>

<b>Please give details of Two Referees (these can be character References) but please note that these must NOT be References from relatives:</b>			
1.	<b>Name, Address:</b>		<b>Post Code:</b>
2.	<b>Name, Address:</b>		<b>Post Code:</b>

<b>Ethnicity – Please tick one box:</b>		<b>White/Other</b>	
<b>White/British</b>		<b>White/Irish</b>	
<b>Mixed-White &amp; Black Caribbean</b>		<b>Mixed-White &amp; Black African</b>	
<b>Asian or Asian British-Indian</b>		<b>Mixed-Other</b>	
<b>Asian or Asian British-Indian</b>		<b>Asian or Asian British-Pakistani</b>	
<b>Asian or Asian British-Bangladeshi</b>		<b>Asian or Asian British Other</b>	
<b>Black or Black British-Caribbean</b>		<b>Black or Black British-African</b>	
<b>Black or Black British-Other</b>		<b>Chinese, Other Ethnic Group</b>	

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**Disability – Do you have any long term illness or health problems that limit your daily activities or the work you could do?**

Yes  No

**Disability – Do you have any disability that limits your daily activities for the work that you could do?**

Yes  No

**Please select the type of disability:**

Visual Impairment		Hearing Impairment		Physical Disability	
Learning Disability		Multiple Disability		Other	

**Areas of Interest/Experience - Please mark box(s) if more than one is applicable. PRINT a new title in an empty box for other Interest/Experience:**

Admin. Finance	Human Resources	Event Manager	Marketing	Development	Coaching Admin	Health & Safety Welfare	Other
Membership	Volunteer	Event Organiser	Promoter	Club Development Officer	Coach	Welfare Officer	
IT Operator	Co-ordinator	Competition Organiser	Press Officer	Officer	Assistant Coach	Equity Officer	
Treasurer	Social Secretary	Fund Raising Officer	Web Design/Data Input	School Club Link Officer	Senior Coach	Health & Safety Officer	
Accountant	Kitchen Assistant	Steward & Officials	Fund Raising Officer	Technical Committee Manager	Touchline Manager	First Aid General	
Book Keeping	Cleaning Assistant	Ticket & Raffle Sellers	Clothing/ Equipment	Local Advisory Council Rep	Team First Aid Officer		
Chairperson	Volunteer Co-ordinator			Liaison Officer			
Competition Treasurer				Child Welfare Officer			

Are you related to anybody associated with the HFH Club? YES NO

If YES, please state relationship \_\_\_\_\_

If NO, do you know anybody associated with the HFH Club? \_\_\_\_\_

Volunteer Signature:		*Date:	
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FOR OFFICE USE ONLY		HFH Interview Officers 1 & 2 to complete below:	
1.	Signature:	Club Role:	
1.	Print Name:	Date:	
2.	Signature:	Club Role:	
2.	Print Name:	Date:	

**\*This shall become your registered commencement date at the HFH Club. This shall be used for calculating HFH five yearly Loyalty/Service awards.**