



Glenelg Football Club

Volunteer Member: Registration Form

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____ POSTCODE: _____

TELEPHONE: (H) _____ (W) _____ (M) _____

EMAIL ADDRESS: _____

D.O.B.: _____ Are you on Work Cover: YES / NO

Do you have any disability or medical condition that you would like supported: YES / NO

If yes, how: _____

Do you have a Drivers Licence?: YES / NO and Car?: YES / NO

What Areas of Volunteering are you Interested In

(Please Tick)

Football Department:

- | | | |
|---|--|---|
| <input type="checkbox"/> Seniors
(M, T, Th pm + Games) | <input type="checkbox"/> Level 2 Trainer | <input type="checkbox"/> Property Stewards |
| <input type="checkbox"/> Juniors
(W, F pm + Games) | <input type="checkbox"/> Level 1 Trainer | <input type="checkbox"/> Ball Stewards (GD) |

Game Day:

- | | | |
|---|--|---|
| <input type="checkbox"/> Game Day Assistant | <input type="checkbox"/> Grandstand Attendants | <input type="checkbox"/> Homemade Cakes |
| <input type="checkbox"/> Merchandise Sales /
Setup | <input type="checkbox"/> Fundraising (50/50) | <input type="checkbox"/> Canteen / BBQ |

Administration:

- | | | |
|---|---|--|
| <input type="checkbox"/> Membership Packing | <input type="checkbox"/> Events Support | <input type="checkbox"/> Banner (milestones) |
|---|---|--|

Do you have skills / experience in these areas?: Yes / No. If yes, please summarise: _____

Availability: Game Day Weekdays: M T W Th F Office Hours PM

Additional Information: _____

Signature of Applicant: _____ Date: _____

Signature of Staff Member: _____ Date: _____