



## Volunteer Application Form

**Please note:** if the Club pay for any formal qualifications we expect a commitment of at least one training session per week for the 12 months from when the qualification was awarded. If this commitment is not upheld we reserve the right to request re-payment of any training fees incurred by the Club.

Date of application \_\_\_\_\_

### Personal Details

Full name	
Date of birth	
Address	
Telephone number	
Email address	
Marital status	
Are you registered as being disabled?	Yes/No
If yes, please give registration number	
Employer	
Job title	

### Personal References

Please give details of two people (not relatives) who we could approach for references.

	Reference 1	Reference 2
Name		
Occupation		
Address		
Telephone number		
Years known		

### Education

School/University	From	To	Course and Results



**Relevant Information**

Please add any relevant information, including interests, hobbies and sporting activities.

\*\* Please return this form to the following Welfare Officer:

Pauline Russell

[pauline.russell@motherwellac.com](mailto:pauline.russell@motherwellac.com)