

Perth & Kinross Disability Sport Volunteer Application



Private & Confidential

PART A: PERSONAL DETAILS (All sections must be completed)	
Title (e.g. Mr, Mrs, Miss, Ms, Dr etc.)	
First name/s	
Surname	
Please provide any previous names including maiden name	
Home address	
Postcode	
Telephone number (day)	
Telephone number (evening)	
Email address	
Date of birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Position applied for	

PART B: EMPLOYMENT HISTORY (please complete the relevant sections and expand as necessary)

Please list your current or most recent employment details (expand form as required)		
Employer Name & Address		
Start Date	Finish Date (if applicable)	
Brief description of role and responsibilities		

Please list all other employment record details (expand as required)			
Employer Name & Address	Job Title	Start Date	Finish Date

Please list any experience in sport/physical activity or working with people who have a disability (expand as required)			
Name of Club/Group	Role within Club/Group	Start Date	Finish Date

PART C: OTHER RELEVANT INFORMATION (expand as required)			
Please list any other relevant information (e.g. recreational interests, hobbies, community/voluntary work, personal skills or qualities and explain how you might use them in this post)			

PART D: REFERENCES	
Please list the details of two relevant referees	
Name of Referee 1	
Relationship to Applicant	
Organisation	
Address including postcode	
Telephone number (day)	
Telephone number (evening)	
Email address	

Name of Referee 2	
Relationship to Applicant	
Organisation	
Address including postcode	
Telephone number (day)	
Telephone number (evening)	
Email address	

I am aware that in accordance with the Data Protection Act 1998, information provided on this application will be stored for the purposes of processing the data for recruitment and monitoring the recruitment process for volunteers. If selected as a volunteer, I am aware that this information will be stored for the purposes of enabling relevant organisation procedures and some roles may be subject to PVG Scheme Membership. I have completed this form accurately and truthfully and to the best of my knowledge.

Signature	
Date	

Please return completed forms to:

Perth & Kinross Disability Sport
Dewars Centre
Glover Street
PERTH.
PH2 0TH