



Leicester Penguins Swimming Club

Affiliated to the ASA East Midland Region & Leicestershire ASA



Volunteers Form

ALL SECTIONS TO BE COMPLETED IN BLOCK CAPITALS

SECTION A – Volunteer Details

First Name: _____ ASA No (if known): _____

Surname: _____ CRB No (if known): _____

Date of Birth: DD / MM / YYYY

Male: Female: Do you have any children swimming for the club: Y / N

Address: _____

Town/City: _____

County: _____

Postcode: _____

Tel (Home) : _____

Tel (Mobile): _____

Email: _____

NOTE: Email address will be used for membership communication, club news and announcements only. Details will not be passed to third parties

SECTION B – Qualifications

Please list any swimming related qualifications you may have:-

Qualification	Date Gained	Comments

Membership fees for Coaches, Teachers, Officials and Volunteers are free. The club also pays appropriate ASA subscriptions on your behalf.

SECTION C – Other Areas of interest (please tick)

Teaching / Coaching / Assisting <input type="checkbox"/>	Poolside Help <input type="checkbox"/>
Timekeeping <input type="checkbox"/>	Social Events <input type="checkbox"/>
Committee <input type="checkbox"/>	Fund Raising <input type="checkbox"/>
Lifeguarding <input type="checkbox"/>	Helping at Competitions <input type="checkbox"/>

SECTION D – Other Relevant Experience / Skills (please tick)

General Office <input type="checkbox"/>	IT & Computer <input type="checkbox"/>
Management <input type="checkbox"/>	Financial <input type="checkbox"/>
Officiating / Teaching <input type="checkbox"/>	Fund Raising <input type="checkbox"/>
Child Welfare <input type="checkbox"/>	

SECTION E – Declaration & Consent

I have read and agree that I will abide by the rules of Leicester Penguins Swimming Club and the Leicester Penguins Swimming Club code of conduct. *(Handbook available to download from the LPSC website)*

Name (print): _____ Signature: _____ Date: _____

FOR CLUB USE ONLY

Club Official: _____