



# Ely Vikings Korfball Club

## Appendix D - Volunteer Registration Form

To be completed by: All individuals who assist with the activities of Korfball

To be returned to: Club Chair / Club Welfare Officer

### CONFIDENTIAL

This information will be kept securely in accordance with GDPR regulations.

### Volunteer details

Korfball Club / Association: Ely Vikings Korfball Club

Full name (including title): \_\_\_\_\_

Previous name(s) if applicable: \_\_\_\_\_

Address (including postcode): \_\_\_\_\_

\_\_\_\_\_

Years at this address: \_\_\_\_\_

Previous address (if less than 3 yrs): \_\_\_\_\_

Contact No.: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Position at Korfball Club: \_\_\_\_\_

Previous Korfball Clubs (with dates): \_\_\_\_\_

### Relevant Experience

Please detail any relevant experience including occupational work, volunteering and participation in sport. You should also list any relevant training and qualifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

Please provide the names and contact details of two referees willing to provide written references that comment on your previous experience of, and suitability for, working with children.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_



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## Self disclosure statements \*delete as appropriate

Have you ever been convicted of any criminal conviction? YES / NO\*

If YES, please provide details of the criminal conviction:

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NOTE: you are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1974 as amended by the Rehabilitation of Offenders Act (Exceptions) (Amendment) Order 1986 you should declare all convictions including "spent" convictions.

Are you known to any Social Services department as being an actual or potential risk to children and young people? YES / NO\*

If YES, please provide details:

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Have you had an England Korfball disciplinary sanction relating to child abuse /poor practice? YES / NO\*

If YES, please provide details of the sanction:

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England Korfball and Ely Vikings Korfball Club reserve the right to carry out any checks considered appropriate in relation to your work with young people.

### Declaration

Please ensure you tick each statement and sign the declaration at the bottom of this form.

- I have read and understood the Ely Vikings Korfball Club Safeguarding Policy
- I consent to a DBS (formerly CRB) check being undertaken
- I am aware of the existence of the Code of Practice in relation to the use and handling of disclosure information and I understand that a copy of this Code of Practice will be available if I request it
- I understand that England Korfball has a written policy on the recruitment of ex-offenders and that I am entitled to request a copy if a disclosure is requested
- All statements contained in this form are true and will be adhered to .

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

FOR CLUB/ASSOCIATION USE ONLY

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Club / Association Chair / Secretary)

NOTE: If a volunteer has answered Yes to any of the above self disclosure statements, or you have concerns please contact England Korfball for advice.



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