



APPLICATION FORM FOR ASA SOUTH WEST REGION YOUNG AQUATICS VOLUNTEER PROGRAMME 2015-16

Name:	D.O.B: ASA	No:
Address:		
		code:
Name of Swimming Club:		
Parents telephone Number -	Home:	
Parent's	email	address:
Additional emergency contact Name: Number(s) Please note: contact will only	ct – Phone 	
contact <u>What is your ethnicity (</u> please	e circle)?	
White / Asian or Asian British	ı / Black or Black British / N	lixed Race / Chinese / Other
Do you consider yourself Yes / No	to have a disability (p	lease circle)?
If yes, what is the nature of y	our disability (please circle)?
Physical / learning difficulty /	/ hearing impairment / visua	al impairment / other
Do you have any special nee	. •	

What is your Current Sport involvement?
What are your teaching / coaching and/or volunteering aims in Sport?
What Qualities and Skills do you have that would support your placement on the
Young Volunteer Programme? (Please use a separate sheet if required)
What would you like to achieve from this programme?

Data Protection Statement:

The ASASW and County ASA will use personal data for the purpose of your /your child's involvement in the Young Volunteer Programme and to ensure that your details are up to date on the Programme databases. I understand that by submitting this form, I am consenting to receiving information about the Young Volunteer Programme by post, email, SMS/MMS, online or phone unless stated otherwise.

Signed:(young volunteer) Date:
Countersignature of parent required (if the young volunteer is under 18yrs):
Date:

Please note: Your club will be asked to provide a letter/statement of recommendation supporting your application. The County Lead Officer (or nominated rep) may visit with your club to ascertain that the club can provide he programme requirements.

Please return forms to:

Beatrice Hatton 74 Roberts Close, Cirencester GL72RP by post or email to beatrice.hatton07@gmail.com

CLOSING DATE FOR APPLICATIONS - 30th September 2015