



**Coach/Volunteer Application Form
2019/2020**

VOLUNTEER / COACH APPLICATION FORM

This Application Form is to be completed by those who wish to apply for a position as a Coach, Official or Volunteer and in particular those who have substantial access to children and persons with special needs i.e. those who coach, manage and supervise this group. It is also to be filled out by those who supervise or manage those who have substantial access to children and persons with special needs. All information received in this form will be treated confidentially.

Name: _____

Maiden Name: _____
(If applicable)

Address:

Previous Address(s) over the last 5 years:

How long have you lived at this address? _____

Tel: _____ **Mobile:** _____ **DOB:** _____

Previous experience in Athletics & relevant qualifications:



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Have you previously been involved in voluntary work? YES / NO

If yes, give details:

How much time can you commit? (Please tick)

| | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
|-----------|-----|-----|-----|-------|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

If unable to help on a regular/weekly basis would you be available to steward or officiate (with training) at other club-hosted events e.g. Stook, Leinster XC, Leinster Road Races, County events?

Yes No

What preferred discipline and age group do you wish to work with?

Do you agree to abide by the Gowran AC's Coach Code of Conduct (copy attached)?

Yes No



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Have you completed the Safeguarding 1 - Basic Awareness Workshop in Child Welfare & Protection or similar?

- Yes No

If yes, who was it organised by and when approximately:

If no, do you agree to undergo this training?

- Yes No

Please note that all Coaches and Volunteers will be Garda Vetted and will need to sign the relevant Athletics Ireland forms.

Have you ever been asked to leave a sporting organisation in the past?

(if you have answered yes, we will contact you in confidence)

- Yes No

List all relevant training courses (coaching-any sport, Child Protection, etc.) that you have completed.

| Course | Organising Body | Date completed |
|--------|-----------------|----------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

Have you completed the Athletics Ireland Assistant Coach or Athletics Leader courses?

- Yes No

If No, do you agree to undergo this training?

- Yes No



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Please supply the names of two responsible people whom we can contact and who from personal knowledge are willing to endorse your application. If you have had a previous involvement in a sports club, one of these names should be that of an administrator / leader in your last club / place of involvement.

Name: _____

Name: _____

Address: _____

Address: _____

Tel./Mobile: _____

Tel./Mobile: _____

For Club Use Only:

Date Application Received: _____

References received and are satisfactory: Yes ____ No ____

Comments: _____

Qualifications checked: Yes ____ No ____

Athletics Ireland Garda Vetting Application Form completed: Yes ____ No ____

Proof of applicant's identification received: Yes ____ No ____

Type of Identification: Passport ____ Driver's Licence ____ Other ____

Committee Recommendation: Approved ____ Not Approved ____

Reasons: _____