from beginner to Olympian

VOLUNTEER REGISTRATION FORM

confidential

South Australian Judo Academy
Incorporation Number A39882

Pauls Drive Valley View SA 5093

P: 0402 859 905

www.sajudoacademy.com.au

Volunteer Registration Form

Name: _____

Address: _____
Street address Suburb State P/code

Telephone: _____
Home Work Mobile

Email: _____

Emergency Contact: _____
Name Relationship Telephone

Skills and Interests:

1. Education background: _____
2. Current occupation: _____
3. Hobbies, skills, interests: _____
4. Volunteer experience: _____

Choices:

1. Please tick your particular preferences in relation to your volunteer work:

- ☐ No preference
- ☐ Events
- ☐ Working one-to-one with athlete
- ☐ Team
- ☐ Coaching
- ☐ Assistant Coach
- ☐ Sport Medicine (First Aid etc)
- ☐ Volunteer Training
- ☐ Other: _____
- ☐ Admin
- ☐ Management Committees
- ☐ Team Manager
- ☐ Fund raising
- ☐ Canteen
- ☐ Volunteer Supervision
- ☐ Volunteer Management

2. Please tick the persons/group you would prefer to work with as a volunteer:

- ☐ No preference
- ☐ Adults
- ☐ Seniors
- ☐ People with disabilities
- ☐ Males
- ☐ Children
- ☐ Children aged 8 –10
- ☐ Children aged 11-13
- ☐ Teenagers
- ☐ Females

Volunteer Registration Form

Availability:

1. What days/times are you available for volunteer work? *(Please tick)*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

2. Do you have a car/vehicle available for your volunteer work?
   ☐ No ☐ Yes

3. Is the vehicle insured? ☐ No ☐ Yes

4. Do you hold a current driving licence?

   ☐ No ☐ Yes No:_____ Expiry date: _____/_____/_____

6. Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of work?

   ☐ No ☐ Yes

7. How did you hear about us?

☐ My child plays sport at the club
☐ Friend
☐ Local Newspaper
☐ Library
☐ Training Course
☐ Other _____
☐ Other Newspaper
☐ Television
☐ Radio
☐ Poster
☐ Website

8. Are you committed (at this time) to any other training, work (paid or unpaid), travel plans that could affect your future availability?

   ☐ No ☐ Yes

9. Do you currently hold a current Police Clearance Check (or similar document) that can be produced?

   ☐ No ☐ Yes

10. Please list the name and contact of two referees that would have time (2 minutes) for a club representative to perform a a character reference

    Name _____ Position / Relationship to you _____

    Contact _____

    Name _____ Position / Relationship to you _____

    Contact _____

    Thank you for your application. We will assess your suitability to volunteer at HSCC and advise you in writing of the outcome within 14 working days