



VOLUNTEER APPLICATION

Sturt Football Club

Please return this form by email, in person or post to:

Sturt Football Club
39 Oxford Terrace, Unley SA 5061

general@sturtfc.com.au

Personal Information

First Name

Surname

Address

Email

Contact Phone

Preferred Roles

- Commercial (marketing, membership, merchandise)
- Medical (physio, training etc)
- Game Day (set up, pack down, maintenance)
- Football (team management, sports data etc)

Availability

How many hours per week would you be able to dedicate?

- 3 hours or less
- 3 to 5 hours
- 5 to 10 hours
- 10 to 20 hours
- 20 or more hours

What days of the week are you available?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Monday AM | <input type="checkbox"/> Monday PM |
| <input type="checkbox"/> Tuesday AM | <input type="checkbox"/> Tuesday PM |
| <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Wednesday PM |
| <input type="checkbox"/> Thursday AM | <input type="checkbox"/> Thursday PM |
| <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM |
| <input type="checkbox"/> Saturday AM | <input type="checkbox"/> Saturday PM |
| <input type="checkbox"/> Sunday AM | <input type="checkbox"/> Sunday PM |

Work History

Current Employment Status

- Employed
- Student
- Retired
- Seeking work

Work/School Name

Work/School Address

Previous Occupations/Volunteer Roles

Skills & Experience

Formal Qualifications (eg Diploma, Degree, Trade Certificate etc)

Computer Skills (eg Microsoft Word, Excel, PowerPoint, Outlook etc)

Reason for Volunteering at Sturt Football Club

Referees

This section is for people you know in a professional capacity such as through paid or volunteer work. Please do not include personal referees such as family, friends, or neighbours.

Referee #1

First Name

Surname

Contact Phone

Capacity in which you know this person

Referee #2

First Name

Surname

Contact Phone

Capacity in which you know this person

Health Declaration

This information is kept in the strictest of confidence. It is used to match people to volunteer roles and make their volunteer experience a safe one.

Tick yes if you have ever suffered from any of the following

- Back condition or spinal disorders
- Eye, hearing or speech conditions
- Heart or lung conditions
- Neurosis or nervous conditions
- Joint disorders, arthritis, rheumatism or similar
- Epilepsy, fainting spells or periods of unconsciousness
- Do you wear prescribed spectacles, contact lenses or hearing aids?
- Special circumstances or needs

If you answered yes to any of the above, please provide details

Have you had any serious accidents, illnesses or operations?

- Yes
- No

If you answered yes, please provide details

Are there any limitations to activities you can be involved in?

- Yes
- No

If you answered yes, please provide details

Do you agree to undertake a police clearance/working with children/criminal history check?

- Yes
- No