



WE ARE PORT ADELAIDE

VOLUNTEER APPLICATION FORM 2018

Volunteers play an important part of the Port Adelaide Football Club. Most volunteer roles will be locked in at the beginning of the year for a 1 year term. Should you not be successful in securing volunteer duties with us at the beginning of the year we would like your permission to keep your details on our talent file to contact you should anything become available. Please sign below to allow us to do so. Your details can be removed at any time by sending an email to volunteer@pafc.com.au.

.....
Signature for consent

Personal details:

Name	<input type="text"/>
Address	<input type="text"/>
City/Suburb	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Mobile	<input type="text"/>
Membership Number	<input type="text"/>
Date of Birth (optional):	<input type="text"/>
Do you have a current Driver's Licence?	Yes/No

PRIVACY : All information you provide will be used by the Port Adelaide Football Club and the AFL in accordance with the AFL & AFL Clubs' Privacy Policy available at portadelaidefc.com.au/club/privacy-policy. By providing your personal information, you agree to such use by the Port Adelaide Football Club and the AFL.

Emergency Contact:

Name

Contact details

Relationship

Do you have any medical condition that may affect your performance as a volunteer? If yes, please provide details. *This information is strictly confidential*

Have you previously volunteered for Port Adelaide Football Club? If yes, please provide details

About you

What do you personally hope to achieve by becoming part of the Port Adelaide Football Club Volunteer program?

What values, special skills or experience would you bring to the Port Adelaide Football Club?

Skills and Qualifications

Formal Qualifications:

(eg Diploma, Degree, Trade Certificate etc)

Computer Skills:

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

Other Training/Certification:

(eg First Aid Certificate, CPR, Advanced Driving etc)

Volunteer Position

Please provide details of the Volunteer role(s) that interest you, in order of preference

Role	AFL/SANFL/Both			Preference
Players Kitchen	Both			
Administration	Both			
Maintenance	Both			
Membership Services	AFL			
Powerpoint/Grandstand attendants	AFL	SANFL	Both	
Port Store	Both			
Port Club	Both			
Gardener	Both			
Museum/historical	Both			
Game Day events	AFL	SANFL	Both	
Community	AFL			
Football #1	AFL	SANFL	Both	

#1 Football includes doctors, physios, trainers, stewards, recruitment etc. Experience/relevant qualification(s) is essential for these roles. Commitment for these roles is for the full football season. If currently attending UniSA as a physio student or sports related student, please ensure you list your UniSA studies in the qualification section.

Availability to Volunteer

No. Hours/Week :				Start Date:			
Preferred Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>
	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>

Referees:

Name:

Title

Phone No:

Name

Title

Phone No:

Declaration

Please tick each checkbox to acknowledge your acceptance of each point (below)

I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my Volunteer work.	<input type="checkbox"/>
I declare that the information contained on this application is true and correct.	<input type="checkbox"/>
I understand that I may be required to participate in an interview and selection process, undertake a reference check and medical assessment.	<input type="checkbox"/>
I understand that I will be required to undertake Induction and/ or service/program training subject to my commencement.	<input type="checkbox"/>
I understand that I will be bound by the codes/policies and guidelines of both PAFC and the AFL.	<input type="checkbox"/>
Signature: <input type="text"/>	Date: <input type="text"/>

* Please forward completed Application to Volunteers Co-ordinator, c/- Port Adelaide Football Club, PO Box 199, Port Adelaide, SA 5015 or email to volunteer@pafc.com.au