



# PORT ADELAIDE FOOTBALL CLUB

## VOLUNTEER APPLICATION FORM

Volunteers play an important part of the Port Adelaide Football Club. However, due to the volume of applications received versus the limited number of volunteering opportunities available at the Club, only applicants being considered for a volunteering opportunity will be contacted. 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](mailto:volunteer@pafc.com.au).

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Signature for consent

### PERSONAL DETAILS

Name

Address

City/Suburb

Postcode

Email

Mobile

Home Phone

Work Phone

Membership Number

Date of Birth (optional)

Do you have a current Driver's Licence?

Yes

No

Do you have a current SA working with Children clearance?

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](http://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 indicate up to 5 Volunteer roles that interest you, and your preference of AFL/SANFL or both.

Role	AFL/SANFL/Both			Preference
Players Kitchen #1 #2	Both			
Administration #2	Both			
Maintenance	Both			
Membership Services	AFL			
Powerpoint #2/Grandstand attendants	AFL	SANFL	Both	
Port Store	Both			
Port Club	Both			
Gardener	Both			
Museum/historical	Both			
Game Day events #2	AFL	SANFL	Both	
Community #2	AFL			
Football #1 #2	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.

#2 Volunteering opportunities for an AFL role is conditional upon the volunteer's successful achievement of the AFL Accreditation process. A current Working with Children Clearance may also be a requirement.

## AVAILABILITY TO VOLUNTEER

No. Hours/Week							Start Date
Preferred Days							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
am	am	am	am	am	am	am	
pm	pm	pm	pm	pm	pm	pm	

## REFEREES

### Referee #1

Name

Title

Phone Number

### Referee #2

Name

Title

Phone Number

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my Volunteer work.

I declare that the information contained on this application is true and correct.

I understand that I may be required to participate in an interview and selection process, undertake a reference check and medical assessment.

I understand that I will be required to undertake Induction and/ or service/program training subject to my commencement.

I understand that I will be bound by the codes/policies and guidelines of both PAFC and the AFL.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* 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](mailto:volunteer@pafc.com.au)