GENLINK VOLUNTEER SIGN-UP FORM
"Empowering Communities Through Sport, Creativity & Leadership"

Volunteer Information

- Full Name:
- Preferred Name (if different):
- Date of Birth: / /
- Phone Number:
- Email Address:
- Home Address:
- Emergency Contact Name:
- Emergency Contact Number:

Availability

Which days are you available to volunteer?
☐ Saturday ☐ Sunday ☐ Weekdays (specify):

Preferred Time Slots:
☐ Morning (9am–12pm) ☐ Afternoon (12pm–3pm) ☐ Full Day

Skills & Interests

Areas you'd like to support:
☐ Sports Station Support
☐ Creative Activities
☐ Family Engagement
☐ Set-up / Pack-down
☐ Photography / Social Media

☐ First Aid / Safety
☐ Admin / Registration
☐ Other:

Relevant experience or qualifications:

Safeguarding & Compliance

Do you have a valid Disclosure Barring Service (DBS) certificate?
☐ Yes (Date issued:) ☐ No ☐ I'd like help applying

Medical conditions or access needs we should know about?

✨ **Why Genlink?**

What inspires you to volunteer with Genlink?

✅ **Declaration**

I confirm that the information provided is accurate. I understand volunteering with Genlink may require safeguarding checks and training.

Signature: Date: / /