**Lincoln City FC / Foundation Volunteer Application Form**

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| --- | --- | --- | --- |
| **NAME:** |  | **DOB:** |  |

|  |  |
| --- | --- |
| **ADDRESS:** | **EMAIL:** |
|  |  |
| **CONTACT NUMBER:** |
|  |

Please provide details of any other employer:

|  |  |
| --- | --- |
| **EMPLOYER:** |  |
| **OCCUPATION/JOB TITLE:** |  |

|  |  |
| --- | --- |
| **AVAILABLE TO START FROM:** |  |

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| **WHY DO YOU WANT TO VOLUNTEER AT LINCOLN CITY FOOTBALL CLUB?**(in no more than 100 words) |
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| **ANY RELEVANT QUALIFICATIONS:** |
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| **WHAT TYPE OF VOLUNTEERSHIP DO YOU WANT WITH LINCOLN CITY?**(rank 1-4 in order of preference FIRST TO FOURTH – please be aware you may not get your preferred choice) |
| **CATERING** | **SPORTS COACHING** | **MEDIA** | **MARKETING** |
|  |  |  |  |
| **ADMINISTRATION** | **MATCHDAY** | **GROUND CARE** | **COMMERCIAL** |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SIGNED:** |  | **PRINT:** |  | **DATE:** |  |

|  |
| --- |
| **Office use only:** |
| **Date Application Received:** |  | **DECISION** | **YES** | **NO** |
| **Date of Decision by Department Lead:** |  |  |  |
| **Date Applicant Informed of Decision:** |  | **COMPLETED BY:** |
| **Date Applicant Accepted offer:** |  |  |
| **Date Department Lead Informed of upcoming opportunity:** |  |  |

Please return to the signed and completed form to:

enquiries@lincolncityfoundation.co.uk

Lincoln City Foundation

Sincil Bank Stadium

Lincoln

LN5 8LD

Lincoln City will ensure that the volunteer position provided will meet your needs and interests, where possible. Please be aware we receive a high number of requests and cannot guarantee a position for all applications.

If an application is accepted to complete a volunteer placement with Lincoln City Football Club and / or Lincoln City Foundation, they are required to sign a volunteer agreement as part of their induction. This must be completed prior starting your volunteership commencing.