



## Volunteer/Coach Application Form

*All information received in this form will be treated confidentially*

|                                                                                                                      |  |        |  |
|----------------------------------------------------------------------------------------------------------------------|--|--------|--|
| Name                                                                                                                 |  |        |  |
| Address                                                                                                              |  |        |  |
|                                                                                                                      |  |        |  |
| Phone                                                                                                                |  | Mobile |  |
| Email                                                                                                                |  |        |  |
| Do you agree to abide by Athletics Ireland Code of Conduct? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |        |  |
| Have you completed a Garda Vetting Form? Yes <input type="checkbox"/> No <input type="checkbox"/>                    |  |        |  |
| <b>Details of Coaching experience &amp; courses attended</b>                                                         |  |        |  |
| Experience:                                                                                                          |  |        |  |
|                                                                                                                      |  |        |  |
| Courses attended:                                                                                                    |  |        |  |
|                                                                                                                      |  |        |  |
|                                                                                                                      |  |        |  |
|                                                                                                                      |  |        |  |
| Please provide the name & contact details for two referees:                                                          |  |        |  |
| 1.                                                                                                                   |  |        |  |
| 2.                                                                                                                   |  |        |  |
| Have you ever been asked to leave a sporting organisation? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |        |  |
| Signed:                                                                                                              |  | Date:  |  |