

Suffolk Ladies County Golf Association Volunteer Registration Form



Thank you for kindly volunteering to help with the S.L.C.G.A. event(s). We would be most grateful if you could complete this form so we have your details. All information will be retained solely by the S.L.C.G.A. in a secure file/database.

Your details Mrs. Mr. Miss .Ms (please circle)

Name

Address.....

.....

Telephone (Daytime).....

Telephone (Evening).....

Telephone (Mobile).....

Email (please write clearly).....

Please tick which areas of volunteering are you interested in?

Registration e.g. Registering competitors upon arrival

Ball Spotting e.g. Positioned at strategic locations on the golf course to aid player's spot their ball

Refreshments e.g. Taking food orders, assisting with refreshments on the course

Draw e.g. Selling raffle tickets, general running of a draw

Caddying e.g. Caddying for any players requiring one in competition, caddying during County Match Week

Willing Hands It is helpful to have a list of volunteers who would be willing to be contacted at short notice to see if they can help out with a variety of tasks and events.

Emergency Contact

Please provide us with someone we can contact in the unlikely event of an emergency.

Name

Telephone (Day)

Telephone (Evening)

Relationship

References:

Please provide the names and addresses of two people who know you well (one personal, one professional – current or previous employer, who are not related to you) whom we can contact to obtain a reference:

Name:

Name:

Address:

Address:

Telephone Number:

Telephone Number:

Thank you for volunteering for the Suffolk Ladies County Golf Association Please return this form to

Ms Di Hegarty
42 Glanville Place
Kegrave
Suffolk
IP5 1NG

Data Protection Notification:

Information you have provided in completing this form will be used to process your application. SLCGA will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your/our behalf.

Authorisation:

I have read the Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 1998.

Signed:

Date:

Declaration:

I confirm that the information I have provided is correct and that any false or misleading information may lead to the termination of my appointment.

Signed:

Date: