

FOR OFFICIAL USE	
Volunteer Ref # Date	

Volunteer Involvement Program

Thank you for your interest in volunteering with the Turks and Caicos Islands Department of Sports. Volunteers play a vital role in all of the Department of Sports programs across the country. All volunteer applications are reviewed with consideration for current and future volunteer opportunities. The information you provide will be stored in confidence under the provisions of the TCI's Confidential Relationships Ordinance as well as Common law rules regarding rights of confidentiality and privacy.

Personal Details					
Name:	_ Mr Mrs Miss Ms				
Address:					
Telephone: (Home)	(Mobile)				
E-Mail:	_				
Birth-date: Day / Month / Year	_				
If you are involved with us as a volunteer and an emergence	y arises, whom should we contact?				
Name: F	Relationship:				
Telephone: (Home)	(Mobile)				
Equal Opportunities The Department of Sports promotes equal opportunities and all volunteer recruitment decisions will be based on suitability for the role, experience and or willingness to learn. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability or age. The Department of Sports Volunteer Involvement Program fully endorses a working environment free from discrimination and harassment.					
All of the Department of Sports programs are committed to practices.	standards of excellence in Child Protection				
Please complete the question below:					
Have you ever been convicted of a criminal offence in the Turks and Caicos Island or elsewhere? Yes \(\scale \) No \(\scale \)					
If you ticked yes, please provide details below:					

Your Skills and Interests							
1. Have you ever done any voluntary work before? Yes \(\square\) No \(\square\) If you answered yes, please tell us a little about your experience.							
2. Do you ha	ve any partic	cular skills or	qualities that y	ou could use	e in your volu	untary work?	
3. What kind of voluntary work interests you? (See categories of volunteering with our Volunteer Involvement Program) Coordinators Event Management Communications Coaches Officials Statisticians Crowd Control Gate Entry Accreditation / Registration Liaison Officers Other Other Totally Flexible							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning Afternoon						1	
Evening							
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References

1. Name:	Relationship:					
Place of Work:(If applicable)	Position:					
Telephone: (Home)	(Mobile)					
E-Mail:	•					
2. Name: Place of Work:						
(If applicable)						
Telephone: (Home)	(Mobile)					
E-Mail:						
If you have any queries when completing this application form or if you would like to find out more about our Volunteer Involvement Program, please e-mail us at departmentofsports@gov.tc . If there is any additional information you would like to bring to our attention?						
I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos (code of ethics) of the Turks and Caicos Islands Department of Sports Volunteer Involvement Program.						
Signed	Date					
For official use only	Notes					
Volunteer Position	_					
Volunteer Interview						
Volunteer Role Description sent	_					
References Collected	_					
Volunteer Start Date	ı					