**CLUB VOLUNTEER APPLICATION**

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| **Applicant to complete** | | | |
| Name | Title: | | |
| First Name: | | |
| Middle Name: | | |
| Surname: | | |
| Date of Birth |  | | |
| Position applying for | Youth Rugby Coach  Child Protection Officer  Assistant Child Protection Officer  Youth Rugby Physio/Medic  First Aider | | Club Development Officer  Parent Helper  S&C Coach  Team Manager |
| Email |  | | |
| Telephone/mobile |  | | |
| Emergency contact | Name:  Number:  Relationship: | | |
| Home address |  | | |
| References | Reference 1:  Name: Contact no & email  Relationship to applicant:  Name: Contact no & email  Relationship to applicant: | | |
| SCRUMS ID number | ALL YOUTH RUGBY COACHES MUST REGISTER ON SCRUMS BEFORE PVG APPLICATION MADE | | |
| PVG Status | I am new to the PVG scheme  I have a PVG membership through a different organisation  IF ALREADY PVG MEMBER: | | I have a PVG membership for working with children  I have a PVG membership for working with vulnerable adults |
| Date | Volunteer’s Signature | | |
| **Legal Guardian’s Consent for applicants under 18 years old** | | | |
| I consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ becoming a member of the Protecting Vulnerable Groups (PVG) scheme.  I consent to Disclosure Scotland gathering criminal record and other relevant information regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and sharing this information with the rugby club and the Scottish Rugby Union. | | I understand that membership of the scheme lasts forever, and scheme members are continuously checked, unless they decide to [leave the scheme](https://www.mygov.scot/apply-for-pvg).  For more information about the scheme please visit to [Protecting Vulnerable Groups (PVG) scheme - Mygov](https://www.mygov.scot/pvg-scheme?via=https://www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm) | |
| Full Name and Title |  | | |
| Relationship to Child |  | | |
| Email |  | | |
| Telephone/mobile |  | | |
| Date | Guardian’s Signature | | |
| **CPO to complete once PVG received and keep for their own records** | | | |
| PVG Number |  | | |
| Start date of volunteer |  | | |
| Age grade volunteering with |  | | |
| Leave date of volunteer | (Complete this section once volunteer has left club in the future) | | |
| Date | CPO’s Signature | | |