**AFC Masters Football Club**

 **Volunteer’s Application and Information Pack**

 

 **“AFC Masters dedicate every smile from their players**

 **to Arbaz Kahn”**

 **Name of Volunteer:**

 **AFC Masters**

Volunteers are the backbone of grassroots football and AFC Masters would not be club it is today, if it wasn’t for the support of the club’s volunteers. Please accept our appreciation and gratitude for applying to be a volunteer with AFC Masters.

AFC Masters is a thriving football club for people with disabilities from Bolton and the surrounding area. We provide year-round training sessions and games every Saturday morning at St.Joseph’s R.C. High School, Horwich. Their Soccer Dome is situated at the rear of the main school buildings. We focus on football, fun and friendship. Currently we have five teams in our Senior section (+16 years old) and an Under 16s squad an Under 11s squad in our Junior section. Three of the Senior teams and the U16s play in the Lancashire FA’s Ability Counts League.

The Club were formed in 2005 when two of our lads decided they wanted their own football team. Since then we’ve grown and grown. AFC Masters have achieved Bolton Council’s “Charter Mark”. We are affiliated with Lancashire County FA and enjoy Chartered Development Club status.

We recruit volunteers and also provide training through the Bolton Council’s Disabled Children’s Services and Lancashire FA. All our volunteers must complete an enhanced Disclosure and Barring application, paid for by the Club. Volunteers should be aware that working with the Club may occasionally involve away fixtures and the odd Sunday match.

The Club is experiencing exciting times with close co-operation with Horwich St.Mary’s Football Club and not to mention its continued growing popularity.

**AFC Masters**

**Emergency Information Card**

**Name of Volunteer**:...........................................................

**Date of birth**............................................... A**ge:**........................

**Full address**:..................................................................

 ..................................................................

 ..................................................................

 Post Code:.................................................

**Phone Nos**. Home:....................................................

 Work:....................................................

 Mobile:.........................................................

**e mail address**:.................................................................................

**Next of kin (please give relationship e.g. mother):**

**Name**:.................................................................

Address (if different from above):

................................................................. **Phone Nos.**

................................................................. Home:....................................................

................................................................. Work:

 Post Code:............................ Mobile:..................................

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**Important Medical Information**

GP name:...........................................

GP Practice:............................................ Tel.No...............................................

Are you allergic to any medication? If so, what?.............................................................................

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Any other allergies?.................................................................................

Do you suffer from any serious illness? Please tick or specify.

* Asthma (you must bring your inhaler to each session).
* Epilepsy
* Diabetes
* Others........................................................................................................................

If yes to the above, what action should be taken?.................................................................

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Any other relevant information? .........................................................................................

**Under 18 years old Volunteers only**

Signature of Volunteer’s parent / Guardian ...........................................................................

Date:.......................................

**Over 18 years old Volunteers.**

Signed:.................................................................... Date................................................

**Volunteers Information and References**

Why do you want to volunteer with AFC Masters?............................................................

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What skills / experience do you have that could benefit AFC Masters?.........................................................

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Do you have any football experience? Yes / No If yes, please explain.......................

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Do you hold any sports qualification? Yes / No If yes, please explain..........................

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Are you currently employed? Yes / No

If yes, please give name of employer:......................................and Tel.No......................

Is there anything you would like to discuss in person with the Club Manager? ................

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Do you have any previous volunteering experience? Yes / No If yes, please explain

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Please provide details of two responsible adults who are not related to you or one another and are independent of AFC Masters Football Club. They should have knowledge of your work with children, young people or vulnerable adults and be able to be contacted by us. These persons should have known you for a minimum of one year.

1. Name:................................................. 2. Name:..................................................................

Address:............................................. .. Address:................................................................

............................................................... .............................................................................

 ............................................................... ...............................................................................

Post Code:......................... Post Code.......................................................

Tel.No........................................... Tel. No:...............................................................

How is this person known to you? ....... How is this person known to you?............

.............................................................. ...........................................................................

How long have you known this person? How long have you known this person?.................

Signed:......................................................... Date:.........................................

**Volunteer’s Code of Conduct**

AFC Masters is a football club for children and adults with disabilities in the Bolton area. This volunteer’s contract is signed by each volunteer as a code of conduct.

* I will attend training sessions as frequently as possible, on time and wearing the appropriate sportswear, including shin pads, as a role model to the players.
* I will not use social media or communication devices to befriend any player or their family unless the relationship has been declared (e.g. neighbour / son, etc) to the Chair or Welfare Officer.
* If I need to contact a player, I will go through the Chair or Welfare Officer.
* I will complete a Debarring and Records check (DBS) (formerly known as a CRB check), to the best of my knowledge.
* I will not play in any League or official matches.
* I will not be alone with a player.
* I will not take any photographs of players , unless with the approval of the Chair or Welfare Officer.
* I will undertake training where required.
* I will not give car lifts to players, unless a relationship has been declared.
* I will not post any inappropriate images on the internet.
* I will endeavour to only use praise and positive comments when coaching and encouraging players.
* If I have any concerns regarding the Club or a player, I will immediately raise the matter with the Chair or Welfare Officer.
* I will not give money, gifts or food to any players.
* I will not accept any gifts or money from a player or their family.
* I will not make any promises to any player.
* I will not promise to keep any information confidential or withheld from the Club.

Signed:.................................................................................... Date:.........................................

**Dealing with Concerns**

**Policy, procedures and referrals.**

Every affiliated club and league with Youth teams must have in place a:

* Safeguarding Children Policy and Procedure
* A Welfare Officer who has an FA Criminal Record Check (currently known as a Disclosure and Barring Service (DBS) check and completed the Safeguarding Children Workshop and Welfare Officer Workshop.

Safeguarding is everyone’s responsibility. To make sure you have appropriate safeguards in your club or league, It’s important everyone is aware of your Safeguarding Children Policy and Procedures for reporting a concern about the welfare of a child. The Welfare Officer will be able to advise you but if you want to find out more about how to increase your understanding of safeguarding in football, why not complete the Safeguarding Children workshop?

**Report your concern!**

Safeguarding is everyone’s responsibility. If you are worried about a child, it is important that you report your concern; no action is not an option.

1. If you are worried about a child, then you need to report to the Club’s Welfare Officer.

2. If the issue is one of poor practice, they will either:

* Deal with the matter themselves or
* Seek advice from the County FA Welfare Officer.

3. If the concern is more serious (e.g. possible child abuse), where possible contact the County FA Welfare Officer first, then immediately contact the Police or Bolton Council’s Children Services Department.

4. If the child needs immediate medical treatment, take them to hospital or call an ambulance and tell them this is a child protection concern. Let our Club Welfare Officer know what action you have taken.

5. If at any time you are unable to contact our Club Welfare Officer or the matter is serious, you can either :

* Contact the County FA Welfare Officer directly,
* Call the FA / NSPCC 24 Hour Helpline for advice on 0808 800 5000.
* Contact the police or Bolton Council’s Children’s Services Department.

**Further information**

The FA’s Safeguarding Children Policy and Procedures outline in detail what you do if you are concerned about the welfare of a child and includes flow diagrams to describe this process. This is also covered within the Safeguarding Children workshop, where participants are given the opportunity to discuss how this feels and how best you can prepare to deal with such a situation.

Read more at:

[**http://www.thefa.com/football-rules-governance/safeguarding/raising-awareness---downloads**](http://www.thefa.com/football-rules-governance/safeguarding/raising-awareness---downloads)