

DBS received: No:

Me2 Club Trustee Application Form

Please complete this form in full.

ersonal Details:	
Title:	
Name:	
Address (including postcode):	
Telephone No. Home:	
Mobile:	
E-mail address:	
Date of Birth:	
Occupation:	Ethnic Origin
Why would you like to join the Me2 Club Management Committee	
What skills do you feel you can bring to the Committee	
Next of Kin/Emergency Cont	act Details:
Name:	
Relationship to volunteer:	
Address (including postcode) :	
Telephone No. Daytime:	
Evening:	
Mobile:	
Office use only:	
Interviewed	Duty:



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References:

Please provide details of 2 people (NOT relatives or close friends) who have known you for at least 2 years and who would be willing to provide a character reference for you. 1 of these should be your employer if currently employed, and, if you have been involved with any other committees/boards etc please also give a referee from them.

Please note references will be followed up on receipt of application form.

Reference 1

Name:	
How do you know this person:	
How long have you know this person:	
Address (including postcode) :	
Telephone No:	
Email address:	
Reference 2	
Name:	
How do you know this person:	
How long have you know this person:	
Address (including postcode) :	
Telephone No:	
Email address:	
Declaration:	
	ns of myself to be used in any form of Me2 Club publicity for ional materials website, social media etc YES/NO
	I have given in this application is true to the best of my and that, if accepted as a Trustee for the Me2 Club project, I will ice (DBS) checked.
Signed:	Date:

If you are emailing this form back, you will be asked to sign it at your first committee meeting.

Please return this form to: Sonia Aulak, Me2 Club Chair of Trustees, at sonia@me2club.org.uk or Me2 Club, Reading Hockey Club, Sonning Lane, Reading, RG4 6ST. If you have any questions, please call 0118 969 6369.