



Shropshire FA Youth Council Application Form



NAME:	DOB:
ADDRESS:	PARENTS DETAILS: (Please provide if under the age of 18)
E-MAIL ADDRESS:	PARENT NAME:
CONTACT NUMBER:	PARENT CONTACT E-MAIL:
EMAIL ADDRESS:	PARENT CONTACT NUMBER:
EMERGENCY CONTACT NAME:	Parent MUST consent to apply for the SFA Youth Council (Please sign below)
EMERGENCY CONTACT NUMBER:	Parent Signature.....

PLEASE STATE WHICH OF THE FOLLOWING FOOTBALL VOLUNTEERING THEMES INTEREST YOU (tick boxes):

COACHING & WORKING WITH TEAMS	ORGANISING & RUNNING EVENTS	PROMOTION/MEDIA
REFEREEING	RUNNING & ADMINISTRATION OF THE GAME	RESPECT

If 'other' please state:

Why would you like to be a member of the Shropshire FA Youth Council?

What key skills and qualities would you bring to the Shropshire FA Youth Council? *(Please give examples of how you have demonstrated these skills with your current role in volunteering in football?)*



How would you like to see yourself develop as a member of the Shropshire FA Youth Council?

Please complete and return your expression of interest to:

Eve Bailey: Shropshire Football Development Officer

eve.bailey@shropshirefa.com

Shropshire Football Association

Montgomery Waters Meadow, Oteley Road,

Shrewsbury

SY 2 6ST