



# PORTSMOUTH AND SOUTHSEA VOLUNTARY LIFEGUARDS

(Founded 1933)

Registered Charity No 265431



## APPLICATION FOR 2016 MEMBERSHIP

I the undersigned apply for membership of Portsmouth and Southsea Voluntary Lifeguards 'PSVL'. I agree to abide by the Constitution and rules of PSVL (copies can be obtained from the Hon Secretary on request). I understand that PSVL is fully committed to safeguarding the well-being of its members, particularly children and that all members are expected to show respect and understanding for the rights, safety and welfare of others.

I understand that my membership is renewable annually and will not take effect until my application has been approved by the PSVL committee who have the power to refuse or terminate my membership in accordance with the Constitution.

Please complete below in BLOCK CAPITALS \*Mandatory

<b>Surname *</b>		<b>First Name(s) *</b>	
<b>Previous surname(s)</b>		<b>Title *</b>	
<b>Address * &amp; Post Code *</b>		<b>Employment Status</b>	
<b>Contact Tel. No. *</b>		<b>Mobile</b>	
<b>Date of Birth *</b>		<b>Other Phone</b>	
<b>Email Address</b>			

**Do you have previous lifeguarding, lifesaving, first aid or similar experience?**

*(If yes, please give details of awards overleaf with dates)*

**YES / NO**

**During time at the beach and pool we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets and website, newsletters or publicity, do you agree to PSVL using images for this purpose?**

**YES / NO**

**Have you ever been convicted of a criminal offence or been the subject of a caution or bind-over order?**

*(If yes, please state the nature and dates of the offence(s) overleaf)*

**YES / NO**

Applicants are advised that under regulations made under the *Rehabilitation of Offenders Act 1974* you should declare all relevant matters including 'spent convictions'. This does not include speeding, careless driving, depositing of litter or other matters that might reasonably be regarded as minor. If in doubt, please speak in confidence to the Chairman or Hon Secretary before answering this question. All members will have their criminal record checked with the Disclosure & Barring Service (DBS). This information is required because as trainee Lifesaver/Lifeguard you will be working with children, young people & vulnerable adults.

**I ACCEPT IT IS MY DUTY TO INFORM THE DUTY OFFICER, TRAINER OR PERSON SUPERVISING OF ANY MEDICAL CONDITION OR DISABILITY THAT MAY IMPEDE MY ABILITY TO PERFORM LIFEGUARDING OR TRAINING TASKS**

**All donations I make from this date until further notice are to be treated as Gift Aid donations. (See over for conditions & details)**

**YES / NO**

Signed: .....

Date: .....

Signature of Parent/Guardian:  
(If applicant is under 18yrs old) .....

### **For office use only**

**In case of Emergency, contact details are required for all members)**

<b>Contact Name *</b>	
<b>Relationship*</b>	
<b>Contact Tel No*</b>	
<b>Contact Address *</b>	

AMOUNT PAID	
TIME SWIM PASS/FAIL	
COMMITTEE APPROVAL (Date)	
NEW /EXISTING MEMBER	

## GIFT AID

Please treat as Gift Aid donations all qualifying gifts of money made today in the past 4 years and in the future.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CADCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Signed :

Signature of Parent / Guardian :  
(If applicant is under 18 yrs old)

Date :

**New Members - Details of any previous Lifeguarding, Lifesaving, First Aid experience**