

## ANDALUCIA VALDERRAMA MASTERS VOLUNTEER APPLICATION FORM

18 – 21 OCTOBER 2018

Real Club, Valderrama, Sotogrande, Spain

Name \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Repeat Email address \_\_\_\_\_

Mobile \_\_\_\_\_ I am a Golfer  Non-Golfer  Age \_\_\_\_\_

Previous Experience of Volunteering \_\_\_\_\_

Next of Kin \_\_\_\_\_ Telephone Number \_\_\_\_\_

Volunteers who work five days are entitled to a full benefits package which comprises of clothing, daily refreshment / merchandise vouchers and a complimentary Real Club Valderrama green fee voucher (T&Cs to follow).

If you are only able to attend for two days these must be THURSDAY AND FRIDAY and a lesser benefits package will be provided which WILL NOT include a green fee voucher.

I am available to marshal on the following days (Thursday and Friday are Mandatory.)

**PLEASE TICK ALL DAYS THAT YOU ARE AVAILABLE:**

WEDNESDAY 17th OCTOBER THURSDAY 18TH OCTOBER FRIDAY 19TH OCTOBER SATURDAY 20th OCTOBER SUNDAY 21st OCTOBER

Preferred Start time for Thursday & Friday (Saturday and Sunday are ONE SHIFT) 1<sup>st</sup> shift  2<sup>nd</sup> shift

**Medical Conditions**

Please give details of any medical conditions or prescription medication taken that may impact your ability to act as a volunteer and carry out assigned roles at the event.

**Uniform**

Please tick your size for the uniform as provided – Please note we will attempt to give you the size requested but this will depend on stocks available to us. Assume small sizes

**Gents** Small  Medium  Large  X Large  XX Large

**Ladies** Small  Medium  Large  X Large

**Volunteer Role**

I would prefer to be a Marshal  Scorer  Board Carrier

*Please note whilst every attempt will be made, we cannot guarantee to accommodate all preferences and you should be prepared to participate in the allotted role.*

## **HEALTH DECLARATION AND DATA PROTECTION**

Please note that by volunteering for marshalling or scoring duties at the 2018 Andalucía Masters you acknowledge that undertaking such duties may be physically demanding and you are aware of the associated medical and physical risks involved; you agree your personal health and fitness is of a sufficient standard to enable you to undertake such duties without risk to your health; and you agree to be solely responsible for your actions.

I agree to be at the competition at the time defined for volunteers for four days between 17 – 21 OCTOBER 2018 AND I understand my task is allocated based on the numbers required in each area.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Repeat Email address \_\_\_\_\_

Mobile \_\_\_\_\_

**Holding of Personal Data:** As a Deputy Chief Marshal and together with the Chief Marshal (GRAHAM WALLAGE), we will hold your personal information as a volunteer who is registered with us for one or more events. This is, of course, a required action in order to fulfil our roles as Deputy Chief Marshal and Chief Marshal when organising the respective events. Therefore, we are required to ask you to complete the slip at the bottom of this page and return it to me.

**Unfortunately, should you not wish to give your consent to my holding your personal data you will be unable to volunteer on behalf of the European Tour.**

I \_\_\_\_\_ hereby provide my express consent for SANDRA SLATER and GRAHAM WALLAGE to hold my personal data in regard to my volunteer role with PGA European Tour as a Volunteer for one or more tournaments.

I agree that my data will be held by SANDRA SLATER and GRAHAM WALLAGE continually for invitations to all future volunteering opportunities to which they are attached, and that in order to remove myself from his/her database I need to write to him/her at the address or email address detailed on the header of this letter – or any subsequent update to this which I receive.

Further, by ticking the following box I agree that my data may be shared with PGA European Tour for the explicit purposes of providing health, safety and security management to European Tour events and providing me with accreditation / guest passes for the events at which I volunteer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed form by email to [portmast2010@yahoo.co.uk](mailto:portmast2010@yahoo.co.uk)

OR by post to Sandra Slater, Flat 1, 85 North Road, HYTHE, Kent CT21 5ET