



The Vision to Enable Sports

Application Form: IBS Sports Coordinators

PLEASE PRINT

Name: _____

Address: _____

Phone numbers: _____

Email address: _____

- 1. For which Sport do you wish you apply?**

- 2. Why do you want to volunteer with Irish Blind Sports?**

- 3. Do you have access to transportation?**

- 4. Please outline any previous experience that will help you with this position:**

- 5. Can you commit to a minimum of 12 months?**

- 6. Please list 2 ideas on how you would increase participation in the sport you wish to coordinate:**

- 7. Do you have any health or medical concerns that would prevent you from performing this role?**

- 8. Would you require any additional support in this role? (i.e. large print, other)**