

DofE Volunteer, Personal Information and Registration Form

Your surname			Your first name		
Address, inc post code					
Your date of birth			Your mobile phone number		
Your email address					
Your parent's name					
Your parent's mobile phone number			Your parent's email address		
Name of section you are volunteering with (e.g. Hawkes Cubs)		Start Date		End Date	
Please tell us what you expect to achieve for yourself by volunteering.					
Please tell us what you expect to achieve for others by volunteering.					
Do you have any skills, hobbies, training that might prove useful in your volunteering?					

<p>Medical. Please tell us if you have any conditions that we should know about. For instance, do you have allergies that require you to carry an EpiPen.</p>				
<p>Do you consent to any photos of that have been taken that include you relating to your volunteering being used for....</p>	<p>All Purposes Not Press Not Press or Social Media Only internal e.g. website</p>			
<p>Where are you doing your DofE? Who is your DofE Supervisor?</p>	<p>Organisation (OA). e.g.School, WBC</p>		<p>Mobile Number</p>	
	<p>Supervisor Name</p>		<p>Email</p>	
			<p>Mobile</p>	
<p>Your DofE/eDofE registration number</p>		<p>DofE Level Bronze/Silver/Gold</p>		

We will keep this information for the duration of your volunteering in accordance with our Personal Data Policy which can be found here: <https://www.1stwoosehill.org.uk/about-us/policies/>