1st Woosehill Scouts

DofE Volunteer, Personal Information and Registration Form

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| --- | --- | --- | --- |
| Your Surname |  | Your first name |  |
| Address, inc post code |  |
| Your date of birth |  | Your mobile number |  |
| Your email address |  |
| Home phone number |  |
| Your parent’s Name |  | 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? |  |

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| 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. |  |
| Do you consent to any photos of that have been taken that include you relating to your volunteering being used for…. | All PurposesNot PressNot Press or Social MediaOnly internale.g. website |
| Where are you doing your DofE? Who is your DofE Supervisor? | Organisation (OA). e.g.School, WBC |  | Mobile Number |  |
| Supervisor Name |  | Email |  |
| Mobile |  |
| Your DofE/eDofE registration number |  |  | DofE LevelBronze/Silver/Gold |  |

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/