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| --- |
|  **Personal details:**  |
| Full Name: |  | Male🞎🞎 Female🞎🞎 |
| Address: |  |
|  | Postcode: |  | Date of birth: |  |
| Tel:  |  | Mobile: |  |
| Email: |  | Local meeting: |  |
| Term time address (if different):    |  | Postcode: |  |

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| **Availability:**  |
| I would like to volunteer for Children’s Meeting **Yes** 🞎 **No** 🞎 *Please indicate*I would like to volunteer for AM Residential CYP team **Yes** 🞎 **No** 🞎 *Please indicate*  |  |
| I’d like to be removed from the volunteer mailing for events in the future: Yes 🞎  *Please indicate*  |
|  |
| What are your reasons for offering your service? |
|  |
| What experience do you have in work with children and young people? |
|  |
| What skills could you offer to the event(s)? |
|  |
| If you have ticked more than one event please state your preferences and why.  |
|  |
| **Criminal Records disclosure**We require every volunteer to have an enhanced Criminal Records disclosure – this establishes your identity and suitability for work with children and young people. The processes are in accordance with legal requirements and good practice guidelines of Britain Yearly Meeting. |
| Do you have an Enhanced Disclosure of your criminal records obtained via the Churches Agency for Safeguarding through Britain Yearly Meeting? * Yes (Please state number and date of issue)
* No

If you have not got such a disclosure or it requires renewing (i.e. it is more than 3 years old) we will send you guidance on applying for a disclosure and you need to undertake this in advance of the event. |
| References |
| Please provide the details of two people (not related to you) to whom reference can be made, both should know you well and at least one should have known you for at least two years. It is acceptable if one of these referees is a young person or child. If possible at least one of your referees should be able to comment on your experience of, attitudes towards and behaviour with, children and young people. One should know you from some other area of life (neighbour, employer, work colleague).We will only take these up if the references we have for you are more than 3 years old.  |

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| Quaker Reference |
| Full Name |   | Local Meeting |  |
| AddressPostcode POSTCODE  |
| Tel (day) |  | Email |  |
| **General Reference** |
| Full Name |   | Relationship to you |  |
| AddressPostcode POSTCODE  |
| Tel (day) |  | Email |  |

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| The information I have given is accurate and I agree to it being held for the period required by the insurance policy in paper and electronic form and it being used to assist in the work of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area MeetingI realise that submitting this form does not necessarily mean that I will be accepted as a volunteer. |
| **Signature** |  | **Date** |  |

*Please return this in the envelope provided to:*

Before