

Personal Details Form

For volunteers working with children, young people & adults at risk

All prospective volunteers are asked to complete this form. If there is insufficient room to fully answer any question, please continue on a separate sheet. The information will be kept confidentially by the Meeting, unless requested by an appropriate authority.

1. Personal Details

We will need to see birth/marriage certificates or documents regarding a change of name.

Full Name: _____

Maiden/Former Name(s): _____

Date and place of birth: _____

Address: _____

_____ Postcode: _____

Daytime Tel No: _____ Mobile Tel No: _____

Evening Tel No: _____

Email address: _____

How long have you lived at the above address? ____ Years ____ Months

If less than 5 years, please give previous address(es) with dates:

From __ / __ / __ to __ / __ / __ From ____ / ____ / ____ to ____ / ____ / ____

Previous Address

Previous Address

Post code _____ Post code _____

2. Experience

Please tell us about your relevant experience in the Quaker Meetings, Churches or faith groups, or other organisation(s) you have been involved in, including names, dates and detail of the areas of your involvement.

Please give details of previous experience of looking after or working with children, young people or adults. Please include details of any relevant qualifications or appropriate training either in a paid or voluntary capacity.

Have you ever had an offer to work with children or young people, or adults at risk, declined?

Yes No (please tick)

If yes, please give details on a separate sheet

3. References

Please complete the details below of two people who would be willing to provide a personal reference. One should be a member of your Local or Area Meeting. Referees should not be family members or live at the same address as you. We reserve the right to take up character references from any other individuals deemed necessary.

Name _____	Name _____
Address _____ _____	Address _____ _____
Post code _____	Post code _____
Tel No. _____	Tel No. _____
Relationship _____	Relationship _____
Email _____	Email _____

Please also complete the Self-Declaration Form and give it to our Disclosure & Barring Service (DBS) Verifier in a separate sealed envelope. You are welcome to discuss any aspects of this procedure with the DBS Verifier.

I confirm that the submitted information is correct and complete, that I understand and agree to the conditions involving a DBS Check, and that I have completed the Self-Declaration Form in a separate, sealed envelope.

Signed _____ Date _____

The Area Meeting undertakes to meet the requirements of the General Data Protection Regulations which became effective on 25 May 2018 and all other relevant legislation, and to comply with the expectations of the Information Commissioner's Office relating to the privacy and management of data about individuals.