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| --- | --- |
| **Full name of Volunteer:** | |
| DofE Licenced Organisation: | |
| Contact person: | |
| Contact’s phone number: | |
| Contact’s email: | |
| Brief summary of project/volunteering role: | |
| Duration of project: | DofE Award level (e.g. Bronze): |
| Attendance at BHCC required (e.g. 1 hour per week, Saturday or Sunday during normal opening hours) |  |
| Supervision by BHCC required (e.g. other volunteers present during normal opening; four 2-hour, one-on-one sessions with DBS checked volunteer with an interest in museum display design) |  |
| Description of project/volunteering placement (continue on separate sheet if necessary): | |
| How will you evidence your volunteering placement (e.g. diary, photos, hours signed off by volunteers)? | |
|  | |

Candidates name:

|  |  |
| --- | --- |
| Signature: | Date: |

On Behalf of Bracken Hall:

|  |  |
| --- | --- |
| Signature: | Date: |