BOOK OF LIFE

MEMBERSHIP APPLICATION FORM

Welcome to the Book of Life

Thank you for your interest in becoming a member of the Book of Life.

The Book of Life exists to create a safe, trusted sanctuary of action-oriented people who actively care for humans, animals and the planet.

We bring together individuals who share a commitment to compassion, kindness, integrity, environmental stewardship and positive community action.

Membership is voluntary. Applicants are expected to understand and support the Book of Life's founding values and be willing to uphold the responsibilities of membership.

Please complete this application form carefully. The information you provide will be used by the Membership and Registration Authority (MRA) to administer and assess your application.

Submitting an application does not guarantee acceptance.

SECTION 1 — PERSONAL DETAILS

1. Full legal name:

2. Preferred name (if different):

3. Date of birth:

4. Country of residence:

5. Town or city:

6. Email address:

7. Telephone number (optional):

8. Preferred method of contact:

- ☐ Email

- [ ] Telephone
- [ ] Other agreed method

SECTION 2 — ELIGIBILITY

9. Are you applying voluntarily to become a member of the Book of Life?

- ☐ Yes
- ☐ No

10. Are you legally entitled to reside in the country in which you are applying for membership?

- ☐ Yes
- ☐ No
- ☐ Prefer to discuss this with the MRA

11. Are you willing to comply with the Book of Life Membership Charter and its reasonable membership requirements?

- ☐ Yes
- ☐ No
- ☐ I would like further information

12. Are you willing to treat fellow members and members of the public with dignity, respect and consideration?

- ☐ Yes
- ☐ No

SECTION 3 — YOUR REASONS FOR APPLYING

13. Why would you like to become a member of the Book of Life?

Please tell us what attracted you to the community and what membership would mean to you.

14. What does creating a safe and supportive community mean to you?

15. How would you like to contribute to the Book of Life?

You may wish to mention interests such as: Supporting other people, Helping vulnerable individuals, Animal welfare, Environmental conservation, Community gardening, Volunteering, Education and awareness, Organising community activities, Offering practical skills or experience, Supporting fellow members.

16. Do you have any particular skills, experience or interests that you would like to contribute?

This is optional. Previous volunteering experience or formal qualifications are not required for ordinary membership.

SECTION 4 — THE FIVE CORE VALUES

The Book of Life is founded upon five core values. Please indicate whether you understand and are willing to uphold each one.

17. Compassion for One Another

Treating every person with dignity, empathy and patience, and supporting fellow members when they need assistance.

- ☐ I understand and support this value.
- ☐ I would like further clarification.

18. Kindness and Protection for Animals

Respecting living creatures, opposing cruelty and promoting ethical and humane treatment of animals.

- ☐ I understand and support this value.
- ☐ I would like further clarification.

19. Stewardship of the Planet

Living responsibly, reducing harm to the environment, protecting nature and supporting sustainable practices.

- ☐ I understand and support this value.
- ☐ I would like further clarification.

20. Integrity and Safety

Acting honestly, responsibly and lawfully, respecting others and contributing to a community where people can feel appropriately supported and protected.

- ☐ I understand and support this value.
- ☐ I would like further clarification.

21. Active Community Building

Contributing positively to shared spaces, local initiatives, mutual assistance and peaceful coexistence.

- ☐ I understand and support this value.
- ☐ I would like further clarification.

SECTION 5 — COMMUNITY PARTICIPATION

22. Would you be interested in participating in Book of Life activities?

- ☐ Yes

- [ ] No
- [ ] Possibly in the future

23. Which activities would interest you? (Select any that apply)

- [ ] Helping people in need.
- [ ] Animal welfare and protection.
- [ ] Environmental conservation.
- [ ] Community gardening and food-growing projects.
- [ ] Supporting older or vulnerable people.
- [ ] Community events and gatherings.
- [ ] Education and awareness activities.
- [ ] Voluntary practical work.
- [ ] Mutual support between members.
- [ ] Helping organise the community.
- [ ] Other activities.

24. How frequently might you wish to participate?

- [ ] Regularly.
- [ ] Occasionally.
- [ ] When my circumstances permit.
- [ ] I am initially interested in membership rather than activities.

Participation is voluntary. Membership does not require a fixed number of volunteering hours.

SECTION 6 — SAFEGUARDING AND SCREENING

The Book of Life takes safeguarding seriously. Any criminal record screening will be conducted only where it is lawful, necessary and appropriate for the relevant membership function or position. Ordinary membership does not automatically qualify an individual for a Standard or Enhanced DBS check.

25. Are you willing to cooperate with reasonable and lawful safeguarding procedures relevant to activities you choose to undertake?

- ☐ Yes
- ☐ No
- ☐ I would like further information

26. If a particular role legally requires an appropriate DBS check, would you be willing to discuss the requirements and process with the MRA?

- ☐ Yes
- ☐ No
- ☐ I would like further information

Please do not include details of convictions, cautions, arrests or other criminal record information in this general application form. Where additional information is lawfully required, the MRA will explain the purpose, legal basis and procedure separately.

SECTION 7 — PRIVACY AND INFORMATION HANDLING

27. Have you read the Book of Life Privacy Notice?

- ☐ Yes
- ☐ No

28. Do you understand that the information submitted in this application will be processed for the purpose of administering and assessing your membership application, in accordance with the Privacy Notice?

- ☐ Yes
- ☐ No
- ☐ I require clarification

The Book of Life will process personal information in accordance with applicable data-protection law. Acknowledging this notice does not replace any consent or other legal requirement that may apply to a particular processing activity.

SECTION 8 — APPLICANT DECLARATION

By submitting this application, I confirm that:

1. The information I have provided is accurate and complete to the best of my knowledge.

2. I am applying voluntarily to become a member of the Book of Life.
3. I have read and understood the Book of Life's founding purpose and five core values.
4. I understand that membership involves a responsibility to treat others with dignity, respect and consideration.
5. I am willing to comply with the Book of Life Membership Charter and applicable community rules.
6. I understand that the MRA will assess my application and may request further information where reasonably necessary.
7. I understand that submitting an application does not guarantee acceptance.
8. I understand that I may withdraw my application before a membership decision, subject to any lawful record-retention requirements.
9. I understand that membership is voluntary and does not make me morally superior to people outside the community.

Applicant's full name:

Date of application:

Applicant's confirmation:

- [ ] I confirm that the declaration above is true to the best of my knowledge.

SECTION 9 — SUBMISSION

Please check your answers before submitting your application.

Once received, your application will be referred to the Book of Life Membership and Registration Authority.

You will receive an acknowledgement and information about the next stage of the registration process.

Thank you for your interest in becoming part of the Book of Life.

We are not looking for perfect people. We are looking for people who care about others, respect animals, value our planet, act with integrity and want to make a positive contribution to the world.

THE BOOK OF LIFE

Compassion. Kindness. Integrity. Stewardship. Community.

FOR MRA ADMINISTRATIVE USE ONLY

Application reference: _____

Eligibility review: _____

Date received: _____

Interview required: _____

Application officer: _____

Screening eligibility assessment: _____

Identity verification status: _____

Assessment Committee decision:

☐ Accepted ☐ Pending ☐ Refused ☐ Withdrawn

Date of decision: _____

Reasons recorded: _____

Applicant notified:

Appeal information provided:

Registration reference (if accepted):