



HOSPITAL RADIO STAFFORD

Please Return to :
The Membership Secretary
Hospital Radio Stafford, Rear Lodge
Knight Avenue. Stafford. ST16 3QA

VOLUNTEER APPLICATION FORM

Name:

Date of Birth:

Mobile No:

Home No:

Address:

Town:

County:

Post Code:

Email Address

How did you hear about Hospital Radio Stafford?

Why do you wish to Join Hospital Radio Stafford?

Have you done any voluntary work before? (not essential but any experience you can bring to us is useful)

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I could be available on any of the following times: (whilst we need a regular commitment, this does not commit you in any way — It is a helpful indication for us)

Monday Daytime	Monday Evening	Tuesday Daytime	Tuesday Evening
Wednesday Daytime	Wednesday Evening	Thursday Daytime	Thursday Evening
Friday Daytime	Friday Evening	Saturday Daytime	Saturday Evening
Sunday Daytime	Sunday Evening		

I would be able to visit patient in:

County Hospital	Cannock Chase Hospital		
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Please supply the name and contact details for a referee who is not a family member?

Name

Address

Town:

County

Post Code

Phone Number (If possible)

Email Address (if possible)

Confidential

Please note that a DBS (Disclosure and Barring Service) check will be required to be completed as part of the probationary period of Hospital Radio Stafford. This will be conducted by the University Hospitals Of North Midlands NHS Trust.

Declaration by all applicants—Have you ever been convicted of a criminal offence or been the subject of a Caution or of a Bound Over Order?

Yes	NO	If yes please state below the nature and the date(s) of the offence
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Are you happy for your details to be securely stored by Hospital Radio Stafford electronically and not passed to any other body?

Yes	No		
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If under the Age of 18 this application must be signed by a parent or guardian

Print Name:	Signature
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Applicants Signature: