

Volunteer Members Form

South Northumberl Radio Gr	Full Name			
	Address			
ON	Tel. number(s)			
g g	Email			
် ကိ	Age (optional)			
	Occupation			
	College / school			
	Relevant Experience			
Skills	(eg radio presenting, journalism, studio expertise, web site design, carpentry, plumbing, building, marketing, publicity, administration, accountancy etc)			
	banang, marketing, pablicity, administration, accountancy etc/			
Interests / hobbies				
Music likes / dislikes				
Music likes / dislikes				
Availability	(eg every day, morning, afternoon, evening, night, weekends)			
Please provide the nar	nes and contact details	of two refere	es	
Referee One:			Referee Two:	
Name			Name	
Address			Address	
Tel. number(s)			Tel. number(s)	
Email			Email	
Any relevant	(eg Asthmatic, carries inhaler in top right coat pocket)			
medical information	(20) terminates, carries minates in top 1.B.10 court position			
Person to notify in cas	e of emergency			
Name			Number	
Applicant Signature			Date	

