

Volunteer Members Form

Full Name	
Address	
Tel. number(s)	
Email	
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)
Interests / hobbies	
Music likes / dislikes	
Availability	(eg every day, morning, afternoon, evening, night, weekends)

Please provide the names and contact details of two referees

Referee One:		Referee Two:	
Name		Name	
Address		Address	
Tel. number(s)		Tel. number(s)	
Email		Email	
Any relevant medical information	(eg Asthmatic, carries inhaler in top right coat pocket)		
Person to notify in case of emergency			
Name		Number	
Applicant Signature		Date	