

Application Form

Thank you for applying to join us. Simply e-mail back this completed form to volunteer@harefieldradio.org.uk and we will make contact with you shortly.

As a member of Harefield Radio you will be required to visit hospital wards to talk with the patients and collect requests. You will also be required to take part in fund raising events for the station.

Previous experience is not necessary - enthusiasm and commitment are!

About You

First Name (The name you like to be called)

Last Name

Address

Email Address

Date Of Birth

Daytime Telephone

Evening Telephone

Mobile Telephone

Are you in:

- Full Time Employment
 Part Time Employment
 Retired
 Student
 Other

How would you like to help us?

- Presenting
 Studio Helping
 Request Collecting
 Fund raising
 Technical

When are you available?

- | | | |
|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |

Are you a student? Yes No

Where are you studying?

Which subjects are you studying?

Have you had any previous experience with Hospital or Community Radio?

Yes No

If you answered yes:

Are you still a member?

Yes No

Name of station

Years involved?

Which activities are/were you involved in?

Have you ever been involved with any pirate radio stations?

Yes No

Are you involved with any other charities or community projects?

Yes No

If you answered yes:

Are you still a member?

Name of organization

Years involved?

Yes No

Which activities are/were you involved in?

What are your hobbies and interests?

Why do you want to join Harefield Radio?

What skills do you think you would bring to Harefield Radio?

Where did you hear about Harefield Radio?

References

Please give the names and addresses of two people, not relatives, who have known you for more than two years, and who we may contact as referees.

Name

Address

E-mail Address

Name

Address

E-mail Address

Disability

Under the Equality Act 2010 a disability is defined as a person who suffers from a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

Do you consider yourself to have a disability?

Yes No

If yes please give further details:

Consent

Data Protection Act 1998. I agree that my details may be kept on a computer file if membership is granted. I accept

I confirm that I am over eighteen years of age. I accept

Membership of Harefield Radio involves certain obligations to the station and the hospital trust. By sending back this completed form, I hereby declare that the information I have provided is accurate and complete and I authorise Harefield Radio to make whatever enquiries they feel are necessary to validate the information. I also authorise Harefield Radio to pass my details on to the relevant hospital departments, who I understand will require me to complete additional application forms, including sufficient information to complete a DBS application (previously known as CRB) and where needed, a separate one-to-one interview in order to further my application.

Full name

Date