



31/33 Bridge Street, Andover, Hants. SP10 2BE  
Tel: 01264 355706

### **Volunteer Application Form**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Tel No: \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Post Applied for \_\_\_\_\_

Please provide the name and address of two people willing to act as referees, one of which should be your last employer/voluntary organisation you were working for. They should not be related to you.

Reference One: Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Tel No \_\_\_\_\_

Reference Two: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Tel No \_\_\_\_\_

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#### **For office use only**

DOB \_\_\_\_\_ NI No \_\_\_\_\_ Male/Female

Next of kin to be notified in an emergency : Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Tel No \_\_\_\_\_

Employment History:

Qualifications:

Medical History: Are you registered disabled? Yes/No

Please provide any other medical information that we may need.

Drs Name: \_\_\_\_\_ Surgery Name \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

Are there any other details we need to know about you?

I declare that the information above is correct to the best of my knowledge

