



Radio Warneford Membership Application Form

Please complete all sections of this form and return it to us at the address overleaf.

1. About You

Surname: _____ Title (Mr, Ms etc): _____

First name: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Occupation: _____

2. Previous Experience

Have you done any voluntary work before? Yes / No*

If "Yes", please give details below.

Have you previously been a member of Radio Warneford or any other hospital radio station? Yes / No*

If "Yes", please give details below.

* Please delete as necessary

3. Your Interests

What interests or hobbies do you have?

Do you have an interest in any particular type(s) of music? Yes / No*

If "Yes", please give details below.

* Please delete as necessary

4. You & Radio Warneford

Why does becoming a member of Radio Warneford appeal to you?

Do you consider that any of your personal qualities or qualifications would be particularly useful to you as a member of Radio Warneford? Yes / No* If "Yes", please give details below.

* Please delete as necessary

4. You & Radio Warneford (continued)

Listed below are some of the areas of work undertaken by members. Please tick those you would find of particular interest (attending fund raising events is compulsory).

- | | | | |
|-----------------------------|-------------------------------------|----------------------------|--------------------------|
| Fundraising..... | <input checked="" type="checkbox"/> | Record Library..... | <input type="checkbox"/> |
| Visiting patients..... | <input type="checkbox"/> | Programme production..... | <input type="checkbox"/> |
| Broadcasting..... | <input type="checkbox"/> | Equipment maintenance..... | <input type="checkbox"/> |
| General administration..... | <input type="checkbox"/> | Story reading..... | <input type="checkbox"/> |

Members of Radio Warneford are allocated to teams, each of which is responsible for broadcasting on a particular day. Please indicate below which day(s) would suit you best by numbering them in order of preference.

- | | | | | | | | |
|---------------|-----|------------------|-----|------------------|-----|-----------------|-----|
| Monday 7-10pm | ___ | Tuesday 7-10pm | ___ | Wednesday 7-10pm | ___ | Thursday 7-10pm | ___ |
| Friday 7-10pm | ___ | Saturday daytime | ___ | Sunday 9am-1pm | ___ | Sunday 5-9pm | ___ |

5. Further Information

Please use this space for any other relevant information to support your application.

6. References

Please give **full** details of two independent persons, excluding family and friends, to whom reference can be made. One of these **must** be a professional (e.g. your GP, manager etc) and you must have had contact with both of these referees within the last 12 months. **We cannot consider an application without two referees.**

- | | |
|----------------------------|----------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Postcode: _____ Tel: _____ | Postcode: _____ Tel: _____ |
| Email: _____ | Email: _____ |
| Occupation: _____ | Occupation: _____ |

7. Your Signature

Please sign and date your application and return it to the address shown below.

Signature: _____ Date: _____

The Membership Secretary, Radio Warneford, Warwick Hospital, Lakin Road, Warwick, CV34 5BW.

8. How Did You Find Out About Us?

To help future recruitment, please tell us how you found out about Radio Warneford.

9. What Happens Next?

Once we receive your completed application form we will contact you to arrange an introductory interview. Because Radio Warneford is run by volunteers, you may have to wait a few days for a reply.

10. Important Note

You will be required to visit the hospital wards and communicate with vulnerable people. To allow you this freedom, you will be required to complete a Criminal Records Bureau form to ensure that you have no convictions that would put patients at risk. Another requirement is the completion of an Occupational Health questionnaire to confirm that you have no contagious diseases.

FOR OFFICE USE Date form given to Interviewer: _____ Start Date: _____
Date Recd: _____ Date of Interview: _____ Team: _____