



Volunteering Application Form Applicant's details

Title:	
First Name	
Surname:	
Garrianio.	
Address:	
Addiess.	
Postcode:	
Postcode:	
D + (D: 1)	
Date of Birth:	
National Insurance no.:	
Home phone number:	
Mobile number:	
E-mail address	
Current work:	
Job title	
Place of work	
Dates of employment	
Duties & responsibilities	
Batto a respensional	
Other places of work /	
study in past three	
<u>years</u> (please include	
your job title, details of	
organization of datas of	
organisation & dates of	
employment where	
relevant).	
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Mon	Tues	Wed	Thurs	Fri	Sat	Sun
eneral int	formation	<u> </u>	II		I	
		unteer for th	ne Royal Berk	s Charity?		
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Preferred method for us to contact you: e-mail □ / post □ (please tick relevant box)

Have you previously done a which organisation it was for a	any volunteering work? (If so, please descril and the dates)	be including
Referees		
Please give the names and acand state in what capacity the	ddresses of two people willing to provide a chese people know you.	aracter reference
	rent/previous employer (or school/college if y	
The other should be someone	e who has known you for the last three years.	
(Email addresses given must	be at their place of work or at the organisation	n they represent)
Name	Name	
Address	Address	
Postcode	Postcode	
Work /	Work /	
organisation e-mail address	organisation e-mail address	
Capacity	Capacity	
I		
<u>Signature</u>		
	form I give my consent that my application ar may be securely held by the Royal Berks Cha	
also confirm that I am at least	17 years old.	
Signed	Date	

Please return your completed form to: Martin Butler, Community Fundraising Manager Royal Berks Charity, Royal Berkshire Hospital, London Road, Reading, RG1 5AN or email: martin.butler@royalberkshire.nhs.uk