

Walsall Hospital Radio Volunteer Application Form

1. YOUR DETAILS

Surname	
Forename(s)	
Date of Birth	
Address	
Postcode	
Phone number	
Occupation	

2. YOUR SKILLS, EXPERIENCE AND QUALIFICATIONS

There is no specific skill, experience or formal qualification requirement for membership of WHR. We want to know what you can offer to our organisation.

If you have any skills, experience or qualifications that you feel might be of interest to WHR, please give details below (please include any previous experience in radio, volunteer work, fundraising, communication skills etc)

Why to you wish to join Walsall Hospital Radio?

3. YOUR WORK AT WHR

Please tick next to any of the listed duties you would be willing to participate in as a member of WHR			
Presenter (requests)	<input type="checkbox"/>	Presenter (sports)	<input type="checkbox"/>
Presenter (news/current affairs)	<input type="checkbox"/>	Sport	<input type="checkbox"/>
News/Current affairs	<input type="checkbox"/>	Publicity	<input type="checkbox"/>
Collecting requests	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
Music Library maintenance	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Program planning	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Please tick next to the days you would be available to volunteer at WHR			
Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Sunday	<input type="checkbox"/>		<input type="checkbox"/>
Please tick next to the period during which you would be available to volunteer at WHR			
Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
Evening	<input type="checkbox"/>		<input type="checkbox"/>
To assist the Program Manager in maintaining the standards of our radio service, please tick next to any of the below genres that reflect your musical preference(s)			
Pop	<input type="checkbox"/>	Rock	<input type="checkbox"/>
Country & Western	<input type="checkbox"/>	Soul	<input type="checkbox"/>
Dance	<input type="checkbox"/>	Classical	<input type="checkbox"/>
Easy Listening	<input type="checkbox"/>	Jazz	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

4. SUPPORTING YOUR APPLICATION

We have a duty to protect our standing as a registered charity, our members and the community we serve.

Please provide the names and addresses of two persons who can provide references in support of your application. These persons should not be a member of your family and should have known you personally for at least one year.

Reference 1	
Name	
Address	
Phone Number	
Reference 2	
Name	
Address	
Phone Number	

5. BACKGROUND INFORMATION

The following information is requested to help promote the welfare of our members. Please tick under either 'yes' or 'no'

	Yes	No
Are you registered disabled?		
Do you have an unregistered disability?		
If yes, please give brief details		
Have you ever worked on a Pirate Radio station?		
If yes, are you still working on a Pirate Radio station?		

Please note – Full membership of WHR is subject to the successful completion of a Criminal Records Bureau (CRB) Check

	Yes	No
Have you ever been convicted of a criminal offence? (please include any convictions which may be considered spent under the Rehabilitation of Offenders Act 1974)		
If YES, please give brief details on a separate piece of paper and include it with this application form. The information supplied will be kept separate from the rest of your personnel record and will be treated with the strictest of confidence.		

6. DECLARATION

Please note

- *Walsall Hospital Radio charges a small annual membership subscription fee to help cover administration costs*
- *Full membership is subject to satisfactory completion of a probationary period*
- *A commitment to fundraising is expected*
- *Walsall Hospital Radio is an Equal Opportunities Organisation*
- *Walsall Hospital Radio is a registered charity, #515708 and is a member of the Hospital Broadcasting Association*
- *You will not be accepted as a prospective member if you are/have been involved with Pirate Radio.*

I certify that the details given on this application form are correct. If accepted for membership, I agree to comply with the rules and regulations as determined by the Management Committee of Walsall Hospital Radio and shall exhibit and commitment to fundraising.	
Signed	
Date	

Once completed, please return this form to -

**Membership Officer,
Walsall Hospital Radio,
Walsall Manor Hospital,
St. John's Wing,
Moat Road,
Walsall,
West Midlands,
WS2 9PS**

Tel – 01922 637272

FOR WHR USE ONLY		
	Yes	No
<i>Acceptance Recommended?</i>		
<i>Start Date</i>		