

LYMINGTON HOSPITAL FRIENDS



WARD FRIEND - VOLUNTEER APPLICATION

Please complete and return to:

Lymington Hospital Friends, Wellworthy Road, Lymington SO41 8QD

Find out more on our website at www.lymingtonhospitalfriends.org/wardfriends

Full Name:

Address:

Home: Mobile:

State briefly your reasons for applying to become a Ward Friend

Please list below relevant previous employment or volunteer experience

Please indicate your availability to volunteer - you will be able to change this later

	Mon	Tues	Wed	Thur	Fri
Morning					
Afternoon					

I certify that the information I have provided is true, and complete to the best of my knowledge. As a volunteer with Lymington Hospital Friends, I agree to abide by its policies and procedures. I understand that misrepresentations or omissions may be cause for my volunteer application to be rejected or my role terminated.

I agree that you will carry out a DBS check as part of my application.

I understand that as a volunteer I am not eligible to receive any monetary payment.

Full Name:

Signed: Date: