

# LYMINGTON HOSPITAL FRIENDS



## VOLUNTEER APPLICATION FORM

Thank you for applying to be one of our wonderful volunteer team.

Full Name(s):	
Address:	
Phone:	Mobile:
Email:	

State your reasons for applying to become a volunteer with Lymington Hospital Friends

Please briefly list previous employment or volunteer experience

Please tick below the days and times you would be available (this does not need to be every week)

Available days	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

As a volunteer of Lymington Hospital Friends, I agree to abide by its policies and procedures, and note that a DBS Check will be a requirement when I join.

Full Name .....

Signed ..... Date .....

**Please complete and return this form to**

Ian Hynd, Operations Manager,  
Lymington Hospital Friends, Wellworthy Road, Lymington, SO41 8QD.

If you have any questions, please call Ian on 01590 663036 (working days Monday-Wednesday)

You can find out more information about the work of Lymington Hospital Friends on our website [www.lymingtonhospitalfriends.org](http://www.lymingtonhospitalfriends.org)

Lymington Hospital Friends is a Registered Charity (No. 1070233)