

The League of Friends of the Lymington New Forest Hospital

Registered Office: Wellworthy Road, Lymington, Hampshire SO41 8QD

Tel & Fax: 01590 663036

www.lymingtonhospitalfriends.org



REGISTERED CHARITY No.
1070233

Volunteer Joining

Date:

Name:

(and Title)

Address:

Postcode:

Tel No:

Date of Birth: _____

Volunteering for: (Please circle your preference)

Guiding

Shop

Café

Ward Trolley

Admin

During your work as a volunteer you may be party to confidential information concerning Southern Health NHS Foundation Trust and its services. You should not, during or after your period of work as a volunteer, disclose or allow disclosure of any such confidential information other than in the proper course of your work as a volunteer.

Signed by:

Volunteer: _____

Co-ordinator: _____

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Dear

In order for us to process your application to become a volunteer with the League of Friends, it is necessary for us to request references from people that you have known for at least two years, other than relatives.

Would you kindly complete the details of your selected referees on the form below and return it to the above address as soon as convenient.

Thank you for your help with this and we look forward to seeing you at the hospital regularly once these initial formalities are completed.

Yours sincerely

Louise Harfield
Operations Manager

Your Name:

Home No:
Mobile No:

Address:

Your Referees:

Name: _____

Name: _____

Address: _____

Address: _____

Post code: _____

Post code: _____

Tel No: _____

Tel No: _____