



Radio Warneford Membership Application Form

Please complete all sections of this form and return it to us at the address overleaf.

About You

Surname: _____ Title (Mr, Ms etc): _____

First name: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Occupation: _____

Previous Experience

Have you done any voluntary work before? Yes / No*

If "Yes", please give details below.

Have you previously been a member of Radio Warneford or any other hospital radio station? Yes / No*

If "Yes", please give details below.

* Please delete as necessary

Your Interests

What interests or hobbies do you have?

Do you have an interest in any particular type(s) of music? Yes / No*

If "Yes", please give details below.

* Please delete as necessary

You & Radio Warneford

Why does becoming a member of Radio Warneford appeal to you?

Do you consider that any of your personal qualities or qualifications would be particularly useful to you as a member of Radio Warneford? Yes / No* If "Yes", please give details below.

* Please delete as necessary

You & Radio Warneford (continued)

Listed below are some of the areas of work undertaken by members. Please tick those you would find of particular interest (attending fund raising events is compulsory).

- | | | | |
|------------------------------|-------------------------------------|-----------------------------------|--------------------------|
| Fundraising | <input checked="" type="checkbox"/> | Record Library | <input type="checkbox"/> |
| Visiting patients | <input type="checkbox"/> | Programme production | <input type="checkbox"/> |
| Broadcasting | <input type="checkbox"/> | Equipment maintenance | <input type="checkbox"/> |
| General administration | <input type="checkbox"/> | Story reading / Radio plays | <input type="checkbox"/> |

Members of Radio Warneford are allocated to teams, each of which is responsible for broadcasting on a particular day. Please indicate below which day(s) would suit you best by numbering them in order of preference.

- | | | | | | | | |
|---------------|-----|------------------|-----|------------------|-----|-----------------|-----|
| Monday 7-10pm | ___ | Tuesday 7-10pm | ___ | Wednesday 7-10pm | ___ | Thursday 7-10pm | ___ |
| Friday 7-10pm | ___ | Saturday daytime | ___ | Sunday 9am-1pm | ___ | Sunday 5-9pm | ___ |

Further Information

Please use this space for any other relevant information to support your application.

References

Please give **full** details of two independent persons, excluding family and friends, to whom reference can be made. One of these **must** be a professional (e.g. your GP, manager etc) and you must have had contact with both of these referees within the last 12 months. **We cannot consider an application without two referees.**

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Postcode: _____ Tel: _____	Postcode: _____ Tel: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____

Is Your Volunteering Part Of A Training or Award Scheme?

Is your volunteering part of the Duke of Edinburgh's Award Scheme or a similar scheme? Yes / No*

If "Yes", please give details below.

* Please delete as necessary

How Did You Find Out About Us?

To help future recruitment, please tell us how you found out about Radio Warneford.

Inclusion in Electronic and Written Print

We regularly take photographs of Radio Warneford's studio and fundraising events and these often include members undertaking tasks on behalf of the station. These photographs are used on Radio Warneford's website, on our Twitter and Facebook pages, in our patient magazine, on leaflets and posters, and occasionally accompany articles that appear in the local press. If you do not want this to happen, you can ask us not to use your photos.

Your Personal Data

Radio Warneford appreciates the importance of keeping personal information private. This includes data from volunteer members, individuals who offer sponsorship or support for the station and its fundraising events, and individuals (including patients) who take part in or support our programmes. You can find out what information we collect, how we use it and who we share it with by reading the privacy statement on our website at www.radiowarneford.com/privacy. By submitting an application for membership, you are agreeing to our use of the personal data you have provided to process your application and to administer the organisation.

We publish some of your personal data in our internal, limited-circulation members address list. This is only used by the Management Committee and Trustees when they need to contact you. We need your permission to use your data in this way so please read the statement below and tick the box if you agree.

I am happy for Radio Warneford to publish some of my personal information in the limited circulation internal members address list as outlined above.

Important Note

You will be required to visit the hospital wards and communicate with children and vulnerable people. To allow you this freedom, you will be required to complete a Disclosure and Barring Service (DBS) check to ensure that you have no convictions that would put patients at risk.

Contributions to Broadcasts, Publications etc

Radio Warneford retains the rights to any contributions that you make to broadcasts, publications and online during your membership, for example as a presenter, producer, writer, designer etc. The station can rebroadcast, republish or otherwise make use of these contributions as required, even after your membership has ended.

What Happens Next?

Once we receive and assess your application form we will contact you and may invite you to attend an introductory interview. Please note that we cannot always offer membership. Because Radio Warneford is run by volunteers, you may have to wait a few days for a reply.

Your Signature

I declare that the information I have given on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please post your completed application form to us at:-

The Membership Secretary, Radio Warneford, Warwick Hospital, Lakin Road, Warwick, CV34 5BW.

FOR OFFICE USE Date form given to Interviewer: _____ Start Date: _____
Date Recd: _____ Date of Interview: _____ Team: _____