

Volunteer Application Form



Please remember that the interview will be a two-way process - think of it as a conversation. We need to obtain the information below, but you also need to know as much information about 91.8 Hayes FM before you a decision before volunteering. Your information will be kept safe and not disclosed to anyone other than those stated below.

APPLICANT INFORMATION

Full Name: _____

Address: _____

_____ Post Code: _____

Contact Number: _____ Email Address: _____

VOLUNTEER'S INFORMATION

What would you like to achieve through a possible voluntary role at 91.8 Hayes FM

Which Position(s) would you like to volunteer (You can tick more than one)

- Presenter What's On Reader/Researcher Technical/Engineering/Library
 Co Presenter (Production/Research) News Reader/Researcher
 Outside Broadcast/Roadshows

Do you have experience in the role you have highlighted above?

- No Yes (please specify) _____

How many hours per week can you volunteer?

- 0-1 hrs 1-2 hrs 2-4 hrs Other (please specify) _____

What days are most suitable for you?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Where did you hear about volunteering roles with Hayes FM?

- Website Social Media Friends/Posters

- Other (please specify) _____

Are you OK with us passing on your email to the school for a DBS Check as this is a requirement from the school as our studios are situated in the school grounds, also your email will be sent to our office and maybe used if any important information needs to be relayed to you. Yes No

Please provide the names and addresses of two referees, who know you well. E.G previous/current employer, teacher, previous volunteer manager. Please note that these cannot be a relative!

Reference 1:

Full Name: _____

Address: _____

_____ Post Code: _____

Contact Number: _____

Email Address: _____

Reference 2:

Full Name: _____

Address: _____

_____ Post Code: _____

Contact Number: _____

Email Address: _____

Emergency Contact:

Full Name: _____

Address: _____

_____ Post Code: _____

Contact Number: _____

Email Address: _____

If you accept this application form as a true completion, you are asked to sign and date the form below on the day of the interview and retaining the duplicate for your own information.

Name: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE STATION MANAGER

Name: _____

Signature: _____ Date: _____