

# Volunteer Form:- HULL AND DISTRICT TALKING MAGAZINE

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BLOCK CAPITALS please

First Name \_\_\_\_\_ Mr Mrs Miss Ms Other \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone No \_\_\_\_\_  
Mobile No \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state days and times when available. (There are some daytime and some evening duties)

\_\_\_\_\_

For reference, please give names, addresses and telephone numbers of two persons (not related), who have known you for at least three years. All information given is for the use of the Talking Magazine only.

Name _____	Name _____
Address _____ _____	Address _____ _____
Tel _____	Tel _____

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest.

**Please send application to:**

The Secretary  
Hull and District Talking Magazine  
25 Portland Street  
Hull  
HU2 8JX