

Volunteer Form:- HULL AND DISTRICT TALKING MAGAZINE

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