

Friends of Blandford Community Hospital Charity Shops. Volunteer Application Form

Name	
Address	
Telephone Number	
Previous Work Experience	
Number of hours per week/ fortnight you would like to help in the shop.	
Are you currently Employed/ Unemployed/Retired/Student?	
Name and Address of First Referee	
Name and Address of Second Referee	
Signed	
Dated	

If you have any questions regarding the work in the charity shop or completing this form please call **Emma** in the Friends Office on **01258 451456**.



**Friends of Blandford
Community Hospital**