

Ies Bourgs APPLICATION FORM FOR VOLUNTEERS

SURNAME (Mr/Mrs/Miss/Ms)			
FIRST NAME(S)			
ADDRESS			
		Postal code	•••••
TELEPHONE NO. (Home)	(Work)	(Mobile)	
EMAIL ADDRESS			
NAME & TELEPHONE NO IN CASE (OF AN EMERGENCY		
DATE OF BIRTH	OCCUPATIO	DN (If any)	
PREVIOUS WORK EXPERIENCE			
HAVE YOU ANY HEALTH PROBLEMS (*which could affect your performand HAVE YOU ANY ALLERGIES (i.e. foo ARE YOU ON ANY MEDICATION* (*which could affect your performand ARE YOU A CAR OWNER	ce as a volunteer) od, latex, etc.) YES/NC YES/NC		
PLEASE GIVE DETAILS OF ANY OT	HER CURRENT VOLUN	ITARY OR COMMUNITY WORK	(YOU
UNDERTAKE			
HAVE YOU ANY PARTICULAR INTE	REST, EXPERIENCE O	R QUALIFICATIONS WHICH	MIGHT BE
USEFUL AT LES BOURGS			
			РТО

PLEASE PLACE A TICK BY THE AREAS OF VOLUNTARY WORK WITHIN LES BOURGS WHICH

RECEPTION)	Г								
	1	SUPPERS (Light Meals)				RETAIL - ST MARTINS MAIN SHOP					
IN-PATIEN				RETAIL - ST MARTINS CHILDRENS SHOP							
	T UNIT (f	following 1 yrs	service)	FUNDRAI	SING						
TIME AVAILA	BLE {App	oroximately}	· (ple	ease tick as ap	propriate w	ith approx. I	nours)				
٨	MON	TUES	WED	THURS	FRI	SAT	SUN				
Morning .				<u>.</u>							
Afternoon .	······										
Evening .											
TEL NO				TEL NO							
ATTA DDOTTOTTO	also be used	d for the purpos	se of compiling				Bourgs Hospice stat				
ne information may a give my consent to the ove, for the duration dunteer of Les Bour	n of my vol	untary work to	fulfil the statut	ed (by means of a cory, or recommen	computer data ided, retention	base or otherw periods when	vise) as described I am no longer a				
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ANDREW MITCHELL HOUSE, RUE DU TERTRE, ST ANDREWS, GY6 8SF.