



**Please tick the volunteering roles you may be interested in:**

- |                        |                          |                    |                          |
|------------------------|--------------------------|--------------------|--------------------------|
| Estuary View café      | <input type="checkbox"/> | Fundraising/events | <input type="checkbox"/> |
| Hospital (on the ward) | <input type="checkbox"/> | Publicity/PR       | <input type="checkbox"/> |
| Hospital gardening     | <input type="checkbox"/> | Befriending        | <input type="checkbox"/> |

**Reference**

Due to the vulnerable nature of some of our clients, we ask that you provide a reference as part of your application. Referees should have a professional relationship to you, ie a past/current employer, doctor, teacher, social worker or similar. References from family members cannot be accepted.

<b>Referee name</b>	
<b>Address</b>	
<b>Email</b>	
<b>Relationship to you</b>	

For some volunteering roles, enhanced disclosures are required.

Please sign below to state that the information you have provided on this form is true and that you have no objection to the organisation applying for enhanced disclosures from the Disclosure and Barring Service (DBS), if deemed necessary for the role you are undertaking.

**Signed**

**Date**

Please return this form together with two passport-sized photos (for an identity badge) to:  
c/o Friends Office, Whitstable Hospital, Northwood Road, Whitstable Kent CT5 2HN