



# MEMBERSHIP APPLICATION

Applicants Name .....

Applicants Address .....

Applicants Occupation .....

Applicants Date Of Birth \_\_\_/\_\_\_/\_\_\_.

Telephone No's : Home ..... Work ..... Mobile .....

Email .....

Please give the details of two people who we may contact for Character References

Name .....
Address .....
.....
.....
Phone .....
Occupation .....

Name .....
Address .....
.....
.....
Phone .....
Occupation .....

Please provide details of any criminal convictions ( this information will be confidential. Under the Rehabilitation of Offenders Act 1974, Exemption Order, Volunteers are required to declare all previous criminal convictions.) A brief explanation may be written here, or under seperate cover.  
RADIO NENE VALLEY will operate a confidential security check ALL applicants.

Please number the following station activities in the order of your interest...  
(1 = Favourite, 6 = Least Favourite)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Music Presentation | <input type="checkbox"/> Interviewing | <input type="checkbox"/> Fundraising                        |
| <input type="checkbox"/> Administration     | <input type="checkbox"/> Technical    | <input type="checkbox"/> Request Collecting / Ward Visiting |

