



**COFFEE SHOP VOLUNTEER APPLICATION FORM**

SURNAME ..... TITLE ..... DOB .....

FIRST NAMES .....

ADDRESS .....

.....

TEL NO ..... EMAIL .....

WHATSAPP No: .....

YOUR CAR REGISTRATION NO: .....  
 (To be registered for parking once you become an active volunteer.)

EMERGENCY CONTACT NAME .....

EMERGENCY NUMBER .....

REFERENCES Please give the names of two people who have known you for at least 2 years (not a relative) who would be willing to give a reference.

NAME OF REFEREE (1): .....

EMAIL ADDRESS: ..... TEL NO: .....

NAME OF REFEREE (2): .....

EMAIL ADDRESS: ..... TEL NO: .....

**COFFEE SHOP ROTA** (Please tick your availability, we will do our best to accommodate you.)

Regularity	Weekly	Fortnightly	Monthly	Other (give details)	
<b>Weekday Shifts</b>	Monday	Tuesday	Wednesday	Thursday	Friday
9:00am - 12:00pm					
12:00pm - 3:00pm					
3:00pm – 6:00pm					
<b>Saturdays:</b> 11:30am – 3:30pm					

HOW DID YOU HEAR ABOUT US? .....

SIGNED ..... DATE .....

CHECKED BY ..... For Friends of East Surrey Hospital