
Volunteer application form

Name.....
(Please use block letters)

Contact details:

Address.....
.....

Phone numberCell phone:.....

Email:.....

Volunteer role that you wish to be considered for:

.....
(*ie patient carer.*)

Availability:
ie 1 day per week – but never on Wednesday

Name of 2 referees, contact details and relationship:
ie friend , work colleges

Name.....

Ph.....

Relationship.....

Name.....

Ph.....

Relationship.....

I understand that CCHT will require a police check:

signature date
(CCHT will hold this on file, a copy is available upon request.)

Please send form to:

Carl Shaw (Clinical Coordinator)
Canterbury Charity Hospital
PO Box 20409
Christchurch