

NAME OF PERSON: (INSERT VOLUNTEERS FULL NAME)

ADDRESS:

PHONE:

1. Please give details of any factors relating to (INSERT VOLUNTEERS FULL NAME) health or well being which could be aggravated/ enhanced by the volunteer work described on the enclosed Job description form.
2. Please provide any information on medication or site effects, which you believe, are relevant.
3. What tasks from the job description would be suitable/not suitable.
4. Any other comments.

SIGNATURE:

TITLE:

DATE: