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# WOMEN'S VOLUNTARY SERVICES for A.R.P.

I am interested in A.R.P. work and should like to receive further information as to how I can be of use.

NAME Mrs. ....  
Miss ..... Address .....

(in block letters)

DATE .....

The following qualifications or experience are useful. Please strike out those which do not apply :—

- |                                     |  |  |
|-------------------------------------|--|--|
| Experience in Home Nursing.         | General Domestic Experience.             | Ability to drive a Car.                    |
| First Aid Certificate.              | Catering Experience.                     | Ability to provide and drive a Car.        |
| Experience in running Camps.        | Experience of Cooking for large numbers. | Ability to provide and ride a Pedal Cycle. |
| Experience in controlling Children. | Any Office Experience.                   |  |
| Domestic Science Training.          | Ability to do Typing.                    |  |

Please return this form to your local centre :  
or to 41, Tothill Street,  
London, S.W.1.

(½d. stamp if envelope unsealed)

355-370820941 WDM

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