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| **THE HILLS GROUP VOLUNTEERING PROGRAMME** **EXPRESSION OF INTEREST FORM** |
| *Please complete this form to register your interest in volunteering with one of our supported charities and pass to your Line Manager* |

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| **Full Name** |  |
| **Department** |  |
| **Line Manager Name** |  |

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| **Volunteering Date:** |
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| **Availability** |
| **I am available for the volunteering day and have my own transport** | [ ]  Yes[ ]  No |

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| **Special Requirements/Considerations** |
| **Do you have any special requirements (e.g. accessibility needs)?** |  |
| **Are you physically fit to undertake the volunteering tasks?** **(see specific volunteering day details for physical requirements)** | [ ]  Yes[ ]  No |

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| **Confirmation and Agreement** |
| [ ]  I understand that I am volunteering as part of the Hills Group Volunteering Programme, and I agree to follow all safety guidelines and instructions from the charity staff. |
| [ ]  I confirm I have read the FAQs and understand my responsibility as a volunteer. |

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| Employee Signature |  |
| Date |  |

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| **The above meets the criteria for taking part in the volunteering programme and I recommend their participation.** |
| Line Manager Signature |  |
| Date |  |