|  |
| --- |
| **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* |

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

|  |
| --- |
| **Volunteering Date:** |
|  |

`

|  |  |
| --- | --- |
| **Availability** | |
| **I am available for the volunteering day and have my own transport** | Yes  No |

|  |  |  |
| --- | --- | --- |
| **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 |

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| Employee Signature |  |
| Date |  |

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