



VOLUNTEER EXPRESSION OF INTEREST FORM

Contact Details:

Name: _____

Address: _____

_____ DOB: _____ Email: _____

Telephone: (Home) _____ (Mobile) _____

Contact in emergency: _____

Telephone: (Home) _____ (Work) _____

References:

Name: _____ Ph: _____

Name: _____ Ph: _____

Volunteer Areas:

Please tick your preference:

Foundation - Café & kitchen Gift Shop Opportunity Shop

Ward trolley – taking the trolley of goods for sale to patients in wards in hospital

Working in Administration / Events / Baby Photography / Marketing

Merchandise Delivery Driving Hospital – Social Work / Clinics

Availability:

What days/times are you available for volunteer work?

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|----|-----|------|-----|-------|-----|-----|-----|
| AM | | | | | | | |
| PM | | | | | | | |

Parking Permit:

To enable us to provide you with free parking in the volunteer parking area please fill in the following details;

Car Make: _____ Model: _____ Registration: _____



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Current and Previous Positions Held (Paid or Voluntary):

Skills:

- Administration
- Driving & Transportation
- Events & Fundraising
- Food Preparation / Service
- Marketing
- Photography
- Retail & Sales
- Social Support

Signed: _____ Date: _____