# VOLUNTEER EXPRESSION OF INTEREST FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Title |  |
| Address |  |
| Postcode |  | Telephone |  |
| Mobile |  | Email |  |
| *The University has a Safeguarding Code of Practice, relating to those who will work with children or adults at risk, and if appropriate, volunteers must comply with this.* |

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| --- | --- | --- | --- | --- | --- | --- |
| **Which day(s) are you available?**(please circle or highlight) | Mon | Tues | Wed | Thurs | Fri | Weekends |
| am | pm | am | pm | am | pm | am | pm | am | pm |  |
| **Please indicate whether you would like to work** **regular or ad hoc hours** (please tick appropriate box) | Regular | Ad-hoc |
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| **Please indicate the tasks you would be happy to perform as a volunteer** |
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| **Please tell us why you would like to volunteer in the department.** |
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| **Do you have any relevant experience and/or special interests?**  |
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| **How did you hear about the volunteer programme?** |
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| **Please indicate if you need any particular access arrangements to be made, or of any support needs to be met in order for you to volunteer** |
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| **References: please give two referees (not family members) who have known you for at least one year whom we may contact, and their relationship to you** |
| Name |  | Name |  |
| Contact email |  | Contact email |  |
| Telephone |  | Telephone |  |
| Relationship |  | Relationship |  |

|  |
| --- |
| **Emergency contact**  |
| Name |  | Telephone |  |
| Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

Please email the completed form to: