

# Expression of Interest Form



Name .....

Address .....

Date ...../...../.....

.....

Tel. No. .... Mobile No. ....

Email Address .....@.....

Age group of Volunteer:            Under 18                    19-65                    66-74                    75+

Type of Voluntary Work: Please tick the help you might be able to give

Shopping / errands / prescription collection Could be on foot or by car – which ever suits you	
Lifts to/from hospital / clinic / doctor appointments (you would need your own insured vehicle and valid driving licence)	
Befriending / sitting with someone	
Small household jobs e.g. changing light bulbs, watering plants etc.	
Minor indoor repairs / light DIY	
Filling in forms (non legal) / writing letters	
Gardening / lawn mowing/dog walking/other outdoor activities	
Being part of the Phone Rota: matching callers to suitable volunteers (can be done at home – or fitted around part-time employment or other activities)	
Being part of the organising group – help with publicity,/fund raising etc, (can be done evenings/weekends if working full time)	
Other – please specify. Do you have any special skills to offer?	

Please return this form to any member of the Good Neighbour Scheme or email to:

**Wilstead.Wixams.GNS@gmail.com**

