

Helping Hands Company Volunteering



Name of Organisation.....

Address.....
.....
.....

Telephone.....

Email address/Website address.....

Primary contact.....

What type of volunteering projects do you look for?
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.....

How much time are employees given for volunteering projects?
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.....

Depending on the Helping Hands project, how many members of staff would your organisation be able to supply?

How far from your offices would you travel to complete a Helping Hands project?
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Do you have a specific time of year set aside for volunteering days?
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Could you offer any assistance (financial or gifts in kind) with the project (e.g. materials, equipment, tools etc)?
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Do you have a formal risk assessment policy or process in place? If so could you please attach a copy.
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How would a Helping Hands project benefit your organisation and your staff?
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Please detail any further information that you feel we should be aware of.
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Thank you for taking the time to complete this form, the Helping Hands Manager will be in touch with you shortly.

