## Clive Owen LLP - Volunteering Opportunity Expression of Interest

Date: \_\_\_\_\_

Time: \_\_\_\_\_



Overanisation Name
Organisation Name:  Contact Name:
Contact Name:  Contact Number:
Website URL:
Organisation (main) address:
Address of volunteering activity if different to the main address:
Registered Charity No (if applicable):
Please provide a brief outline of what your organisation does and outline the work that will be carried out by potential volunteers. Give reference to any further sources of information such as your website.
Will this opportunity be a specific date? If this opportunity can take place at any time, please leave this question blank:

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Number of Volunteers needed:
Duration of volunteering activity: (We allow up to a day per volunteer)
Have you carried out an appropriate risk assessment for this opportunity?
Yes
No
If yes, please attach the appropriate assessment to your response email.
Do you have an appropriate insurance policy for this opportunity?
Yes
No
If yes, please attach the appropriate insurance policy to your response email.
Is there any specific clothing or safety-wear needed for this opportunity?
Yes
No
If yes, please detail below:

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Are there any safeguarding needs such as a DBS check?	
Yes	
No	
If yes, please detail some of the needs:	
We will be in touch in due course, however if there is anything further you need to tell us th please do below:	
Organisation Approval signature ————————————————————————————————————	
Clive Owen LLP Approval signature	

