***COMMUNITY HANDS - Expression of Interest Application Form***

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| --- | --- |
| **Date** |  |
|  |
| **Individual Details** |
| **Name** | [First name and surname] |
| **Address** | [Address at which work is required] |
| **Contact** | [Telephone (Landline), Mobile, Email] |
| **Consent for DLDC to Contact** | **Y = YES** |  | **N = NO** |  |
|  |
| **Community Group or Organisation Details** |
|  **Name**  |  [First name and surname] |
| **Address**  | [Address at which work is required] |
| **Contact** | [Telephone (Landline), Mobile, Email] |
| **Position in Group** | [Chairperson / secretary/ treasurer/ volunteer / other] |
|  |
| **Description of work** |
|  |
| **Why is the work needed**  |
|  |
| **Who will benefit** |
|  |
| **What resources /materials will be made available** |
|  |
| **What is the expected outcome** |
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