



Expression of Interest Form

Please complete your contact details:

Name: _____

Address: _____

Tel No: _____

Email: _____

- Areas of Volunteering:**
- Telephone Helpline
 - Fundraising
 - Public Awareness
 - Home Support
 - Hospital Visiting
 - Other (Specify).....

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:

Signed _____ Date _____

Please return to: The HIV Support Centre, 3rd Floor, The Warehouse,
7 James St South, Belfast BT2 8DN

Telephone: 02890 249268 Fax: 02890329845 email: info@thehivsupportcentre.org.uk