

**Activity Buddy - Volunteer Application Form**

1. Name:

2. Address:

3. Postcode:

4. Tel No: (home) (mobile)

5. Email:

6. Name and telephone number for Emergency Contact (eg: next of kin):

7. What activities would you like to Buddy for? (please tick)

Swimming The Gym Other Please state ……………………………………..

8. When are you available to take part in these activities? (If possible please provide specific times when you are available for a session).

Availability Mon Tues Wed Thurs Fri Sat Sun

9. How many hours p/wk are you able to volunteer as an Activity Buddy? (please tick)

1 hour 2 hours 3 hours 4 hours

10. Do you consider yourself to be a disabled person?

**YES/NO** (delete as appropriate)

If YES please give a brief description of your impairment or medical condition:

11. Will you require any additional support, assistance or equipment to take part in these activities? (please specify)



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Q12. What is your reason for applying to become an Activity Buddy?

Q13. Please state any previous voluntary work or experience with dates relevant to this position of Activity Buddy?

Q14 Do you have any qualifications or skills relevant to working with disabled people or within a sports environment? Have you had a recent DBS Check (previously CRB)?

Please provide us with two referees. They should be people other than family member, who have known you for a minimum of 2 years, either in a personal, voluntary, work or educational capacity.

Name

Address

Postcode

Email

Tel

Relationship

Name

Address

Postcode

Email

Tel

Relationship

Signed...................................................................................

Date.........................................