|  |  |
| --- | --- |
| PERSONAL DETAILS | |
| NAME |  |
| DATE OF BIRTH |  |
| ADDRESS |  |
| POSTCODE |  |
| TELEPHONE |  |
| E-MAIL |  |
| GENDER |  |
| ETHNICITY |  |
| DISABILITY | **(Yes/No) If Yes Please Specify:-** |

**Exercise Buddy - Application Form**

|  |
| --- |
| Why do you want to become a Buddy with Active Herts? |
|  |
| Have you had any academic, volunteer or practical experience related to Physical Activity / Exercise / Sport or Mental Health? |
|  |
| Are there any medical issues that may affect your work as a volunteer Buddy? |
|  |
| Do you have your own transport? |
| Yes  No |
| If no, can you travel independently to the boroughs of Broxbourne or Watford? |
| Yes ☐ No☐  Please note, if you answer no to this question, it may be difficult to become a volunteer Exercise Buddy for the Active Herts project. However, we may have alternative volunteering opportunities that might appeal to you. |

**Please write below about your interests, skills, hobbies or pastimes, your likes or dislikes.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | | | |

**Please list your recent work/volunteer experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organisation | Location | Job Title/ Your Role | Reason for leaving- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organisation | Location | Job Title/ Your Role | Reason for leaving |
|  |  |  |  |

**Please give two references that we may contact on your behalf**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person | Street/ Address | Post Code | Telephone No. |
|  |  |  |  |
|  |  |  |  |

**Please indicate when you would be available to volunteer your services – Y / N**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning  09.00 – 12.00 | Afternoon 13.00 – 17.00 | Evening  17.00- 21.00 |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| We look forward to receiving your application and will ensure that any information provided about yourself will be treated as confidential. | | | | | |
| **Your Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_** |