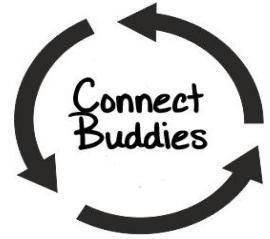




# Connect Buddies Volunteer Application



NAME:	
ADDRESS:	
TELEPHONE: (HOME/MOBILE)	
EMAIL:	
DATE OF BIRTH:	
WHAT SOCIAL MEDIA DO YOU USE?	
ARE YOU A DRIVER?	Yes / No
(IF YES, DO YOU HAVE ACCESS TO A CAR?)	Yes / No

What music are you into? (genres / artists / types of event...)

What are your hobbies / interests?

Do you have any health needs that we should be aware of? (please get in touch if you would like to discuss support that you will need to volunteer)

Emergency Contacts:

Name:

Relationship to you:

Telephone:

Address:

Are you happy for photos of yourself to be used to promote Connect buddies (please tick)?

Name:

Relationship to you:

Telephone:

Address:

Yes          No

Please tell us why you are interested in this role, and what skills, experience and personal qualities you could bring to it? (continue on the back if you need to)

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Please provide details of two referees that we can contact to confirm that you will make a great volunteer: (please choose people who are **not** in your family)

Name:

Relationship to you:

Email:

Telephone:

Name:

Relationship to you:

Email:

Telephone:

**Criminal convictions**

Conwy Connect has to make sure that all our volunteers are safe to work with people with a learning disability – all information you give will be treated confidentially.

Have you ever been convicted of any criminal offence by a court of law?

Yes      No

(If yes please give details)

We will only take into account a criminal record if it could be important to your role as a Connect Buddy.

All Connect Buddies volunteers will need to have a police check through the Disclosure and Barring Service before they can start.

**Please declare....**

As far as I know, all information that I have provided on this form is correct.

Name:

Date:

Return this form to:

Conwy Connect for Learning Disabilities, Rear Annex, 7 Rhiw Road, Colwyn Bay, LL29 7TE

or email: [connect.buddies1gym@gmail.com](mailto:connect.buddies1gym@gmail.com)