

# Walking for Health Bristol (WfHB) Volunteer Application Form



This form is to be completed before or during a meeting with your contact person.

## 1. Personal details

Name

Address, including full postcode

Postcode:

Tel no.  Mobile no.

Email

## 2. How many hours per week/month do you want to volunteer?

\_\_\_\_\_ hrs per \_\_\_\_\_

## 3. What days/times are you available? (please tick)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Days                        |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Evenings                    |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Other (please state below): |
|                                   | <input type="text"/>                                 |

## 4. What volunteering opportunities would you like to carry out? (please tick)

- |   |  |
|---|--|
| <input type="checkbox"/> Walk leading (Front)             | <input type="checkbox"/> Mail outs                   |
| <input type="checkbox"/> Walk leading (Back)              | <input type="checkbox"/> Administration              |
| <input type="checkbox"/> Explore new routes               | <input type="checkbox"/> Other (please state below): |
| <input type="checkbox"/> Risk assess an established route | <input type="text"/>                                 |

## 5. Which area/s are you available to volunteer in? (please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Bedminster and Southville | <input type="checkbox"/> Hillfields                  |
| <input type="checkbox"/> City Centre               | <input type="checkbox"/> Knowle West                 |
| <input type="checkbox"/> Community at Heart        | <input type="checkbox"/> Lawrence Weston             |
| <input type="checkbox"/> Easton/St. Paul's         | <input type="checkbox"/> Lockleaze/Horfield          |
| <input type="checkbox"/> Hartcliffe and Withywood  | <input type="checkbox"/> Other (please state below): |
| <input type="checkbox"/> Henbury                   | <input type="text"/>                                 |

## 6. State skills and experience relevant to the position:

*Use the task description where available. Include work, voluntary experience and training.*

## 7. Additional information

Please provide any further information that you feel is helpful for us to know - e.g. local history is your hobby and you may want to include this in your walk.

8. Some volunteer roles involve contact with vulnerable adults and all volunteers should be provided with support. It is therefore important we have the information below. Answering yes to a question will not exclude you from volunteering, but may limit your roles and responsibilities and will help us to provide the appropriate support.

Do you have a physical or learning disability? Yes  No

Do you have mental health problems? Yes  No

Do you have a support worker? Yes  No

Name  Number

Are you currently using drugs/alcohol or recovering from an addiction? Yes  No

Is there anything that could affect the safety and participation of yourself or others that we should be made aware of (e.g. allergies, side effects of medication, phobias)?

## 9. References

Please can you provide the names and contact details of two independent people (not close relatives or under 18 years) who would be willing to act as referees on your behalf. E.g. A friend/neighbour you have known for more than three years, current/last employer. Volunteer placements will be subject to satisfactory references.

### Contact 1

Name

Address, including full postcode

Postcode:

Tel no.  Mobile no.

### Contact 2

Name

Address, including full postcode

Postcode:

Tel no.  Mobile no.