



# Buddy Program Application

## YOUR CONTACT INFORMATION

Full Name

Work Email

Job Title  Department

### Years of service at HSPPR (90 day minimum)

< 1 year       1 - 2 years       3 - 5 years       + 6 years

### Please list at least two reasons why you would like to become a Buddy:

### What do you hope to gain from being a Buddy?

### Please list your work schedule (days and hours):

I acknowledge and agree to uphold the program requirements set by the Buddy Program facilitators. Committed to HSPPR's core values, I will support and guide New Hire participants, foster a positive environment, and communicate effectively. Leading by example, I seek continuous improvement, respecting the program expectations. I am excited to contribute positively to the development of New Hires and HSPPR's success.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

A manager recommendation is required to apply to the HSPPR Buddy Program.  
Upon manager completion, please send completed application to [Buddies@hsppr.org](mailto:Buddies@hsppr.org).

**MANAGER CONTACT INFORMATION**

Full Name

Work Email

Job Title  Department

**Please use the space provided for the manager recommendation.**