



# Membership Application

## 2017-2018 Elementary and Middle School Programs

This Membership Application packet includes all the forms and questionnaires required to join a Best Buddies chapter, which are as follows:

- **Membership Application** – all chapter members (students with and without disabilities and advisors) must submit an updated membership application (MA) form each year to participate in a Best Buddies chapter.
- **Consent Form** – all chapter members must submit a consent form each year to participate in a Best Buddies chapter.
- **Matching Survey (optional)** – this form should be completed by or with participants wishing to be matched in a one-to-one friendship. This survey is used to assist in the matching process to ensure that matches are made based on common interests and schedules. Specific match requests can be made on the form.

These forms are the property of and used solely by Best Buddies International. All application information that is submitted will remain strictly confidential. Accepted applications entitle participants to the full rights and protection of Best Buddies International and the full benefits of all members of the organization. This application must be completed in order to participate in Best Buddies.

Before continuing with this application, please note the following:

- Participants must attend a school with a Best Buddies chapter or receive services from a Best Buddies-affiliated host site to be eligible to join a chapter, or be otherwise approved by a Best Buddies staff person.
- Participants age 13 or younger must complete this application with your parent/legal guardian. Parent/guardian must provide consent for participants under the age of 18 in order to be approved to participate in Best Buddies.
- All the information you provide on this application will be entered into the Best Buddies member database. Your data will be stored on a secure server; only authorized users will have access to this information. Best Buddies never shares member information with anyone else. To view our full privacy policy, please visit: [www.bestbuddiesonline.org/Privacy.aspx](http://www.bestbuddiesonline.org/Privacy.aspx).
- To learn more about Best Buddies International, please visit [www.bestbuddies.org](http://www.bestbuddies.org).

**Thank you for joining Best Buddies!**



# Membership Application

## 2017-2018 Elementary and Middle School Programs

### Member Profile

Name of your school:	Gender:
Your name:	Your birthday:
Who is your teacher?	What grade are you in?

### Member Contact Information

Your e-mail address (or family e-mail):	Phone:	
Your street address:		
City:	State:	Zip Code:

### Parent/Guardian Contact Information & Background

<b>Parent Guardian Information</b> Name: _____ Phone: _____ E-mail: _____ Place of work: _____	<b>Additional Parent/Guardian (optional)</b> Name: _____ Phone: _____ E-mail: _____ Place of work: _____
<b>Emergency Contact</b> <i>If same as above, check here</i> <input type="checkbox"/> Name: _____ Phone: _____ E-mail: _____ Place of work: _____	<b>Background information (optional)</b> <b>Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes, I am of Hispanic, Latino, or Spanish origin. <input type="checkbox"/> No, I am NOT of Hispanic, Latino, or Spanish origin <b>Race (select one or more):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander Religion: _____

### Chapter Role and Preferences

Are you a person with intellectual or developmental disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Before this year, how many years have you been involved with Best Buddies?		
If you would like to serve as an officer this year, please indicate role here:		

### Accommodations

Do you have any medical or dietary issues we should be aware of (e.g. severe allergies, seizure disorders, medication)?
Do you have any mobility or transportation needs we should be aware of (e.g. wheelchair accessible transportation)?
Do you have any communication needs we should be aware of (e.g. blind/visually impaired, deaf/hard of hearing, speech/language impairment, non-English speaker)?
Do you have any other requests or needs we should be aware of?



### Member Code of Conduct

As a Best Buddies member:

- I will be respectful, truthful, and inclusive in my interactions with others.
- I will recognize and celebrate the diversity of character and abilities of all people.
- I will conduct myself ethically, obey all laws, and act in good faith at all times.
- I will abide by the rules, directives, and guidelines set forth by Best Buddies International.
- I will respect the decisions and requests made by Best Buddies staff members and chapter leadership.
- I will NOT harass, threaten, embarrass, or insult others.
- I will NOT say or do anything that is harmful, abusive, offensive, vulgar, or objectionable.
- I will NOT make inappropriate or unwanted advances.

Initial below to indicate that you have read and agree to the terms above.

**Member initials (required):**

**Parent/guardian initials (required):**

### Acknowledgement

As a Best Buddies member:

- I understand that if I am matched in a one-to-one friendship, the commitment includes meeting together twice a month and making weekly contact during the school year.
- I understand that a Best Buddies member acts as a friend and a peer and NOT as a caregiver or dependent.
- I understand that Best Buddies is in no way obligated to assign, or match, or actively seek to assign or match me in a one-to-one friendship, and that Best Buddies makes no guarantees, assurances, or other commitments, either express or implied, as to the impact or results of a match upon any of the parties involved.
- I give permission to be photographed and/or filmed at any Best Buddies activity, and I understand that any photograph or videotape may be used at the discretion of Best Buddies for publicity purposes.  *DECLINE/OPT OUT*
- Prior to the commencement of my participation, I will furnish Best Buddies with any medical information that may be necessary in treating me in the case of an emergency.
- I consent to Best Buddies' use and disclosure of such medical information to medical professionals that may need the information in order to treat me in the case of an emergency.
- I acknowledge that I have completed this application to the best of my knowledge and that all information I have provided is true, and I understand that any false or misleading information given by me in connection with my application for, or my membership with, Best Buddies International may result in termination of my membership.
- I understand that Best Buddies International reserves the right to deny entrance into our programs to anyone, for any reason, at any time. Best Buddies also reserves the right to revoke membership from our programs for any reason, at any time.

Initial below to indicate that you have read and agree to the terms above.

**Member initials (required):**

**Parent/guardian initials (required):**



# Consent

## 2017-2018 Elementary and Middle School Programs

### General Release

In consideration of the benefits and opportunities afforded to me through participation in the Best Buddies organization, the undersigned participant states as follows:

1. I hereby agree to release Best Buddies International, Inc., from any liability for any accident, injury, or illness suffered at, during, or in connection with any Best Buddies activities, except for any accident, injury, or illness which results from gross misconduct by Best Buddies International, Inc., or its staff.
2. I authorize Best Buddies International, Inc., to obtain medical treatment in the event of injury or illness in connection with a Best Buddies activity and agree to pay any expense incurred for treatment.
3. I understand that, in connection with any Best Buddies activity, if I am riding in a private passenger automobile which is involved in an accident, I may be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible on primary coverage.
4. If I am being transported in a commercial carrier or other leased or rented vehicles in connection with a Best Buddies activity and an injury occurs, I understand that I shall look to the commercial carrier or owner of the leased or rented vehicle to pay any medical bills incurred as a result of such injury.

**NOTE: The undersigned agrees to assume all risk of accident, injury, or illness that may occur at, during, or in connection with any Best Buddies activity.**

Initial below to indicate that you have read and agree to the terms above.

**Member initials (required):** \_\_\_\_\_

**Parent/guardian initials (required):** \_\_\_\_\_

### Participant Consent

I, \_\_\_\_\_, hereby grant permission for membership with  
(Parent/Guardian Name)

**Best Buddies International for the 2017-2018 program year, commencing July 1, 2017 and ending June 30, 2018,**

for \_\_\_\_\_ at \_\_\_\_\_  
(Participant Name) (Print School/Chapter Name)

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date



# Matching Survey

## 2017-2018 Middle School Programs

**\*To be completed by all middle school members seeking to be matched in a one-to-one friendship\***

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Chapter/School:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

### Your Personality and Interests

**Circle two to four words that best describe you:**

Outgoing	Athletic	Creative	Studious	Funny
Independent	Quiet/Shy	Compassionate	Talkative	Artistic
Friendly	Considerate	Gentle	Assertive	Other: _____

**Circle two to four things you like to do with your friends:**

Eat with friends	Talk on the phone	Go shopping	Dance/Gymnastics
Play sports	Go to events/games	Watch movies/TV	Ride bikes
Listen to music	Play outside	Study	Hang out with friends
Spend time with family	Read books	Participate in school activities	Other: _____

**What hobbies and interests do you have?**

**What is your favorite TV show?**

**What kind of music do you listen to?**

**Do you have a favorite website?**

**Name other clubs and sports you are involved with:**

### Your Availability

**Do you have time during the school day to see your buddy?** **Yes** **No**

*If yes, when?* Monday Tuesday Wednesday Thursday Friday

**Do you have time on weekends to get together with your buddy?** **Yes** **No**

*If yes, when?* Saturday Sunday

**How do you like to keep in touch with your friends? (circle all that apply)**

Write notes	Talk on the phone	Hang out together	Texting/Messaging
Snapchat	Facebook	Twitter	Instagram

### Match Preferences

**Do you have a specific person you would like to be matched with?**

**Do you have any special requests about your buddy?**