

Best Buddies International Citizens

MEMBERSHIP APPLICATION



This is a membership application used solely by Best Buddies International to track volunteers. This information will be used to communicate with our participants and will not be shared with any outside organizations. Accepted applications entitle you 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.
 Completed applications must be given to your Program Manager or mailed or faxed to
 The Best Buddies office

Participant's Contact Information:

State:	Office:	Gender: (circle one) Male Female	Date:
Full Name:		Social Security Number:	
E-mail Address:		Birth Date:	
Ethnicity: (circle all that apply) African American Asian Caucasian Hispanic/ Latino Caribbean Middle Eastern South Asian Other:			
Current Address:			
Street _____			
City _____		State _____ Zip _____	
Phone #:() _____		Cell Phone #:() _____	
Emergency Contact Information		Employer/Daytime Information	
Name: _____		Employer: _____	
Relationship to you: _____		Occupation/Title: _____	
Phone Number: _____		Phone Number: _____	
Alternate Phone #: _____		Fax Number: _____	
Address:		Address:	
Street _____		Street _____ Suite # _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Email Address: _____		Length of time with employer: _____	
		Can you be called at work? ___ Yes ___ No	
		Business Email: _____	

Participant's Membership Information (Please Circle Response):

1)	Are you a person with an intellectual or developmental disability?	YES	NO
2)	Do you give permission to be filmed or photographed at any Best Buddies activity and understand that any photograph or videotape may be used at the discretion of Best Buddies for publicity purposes?	YES	NO
3)	Have you ever been fired or asked to resign from a paid or volunteer position because of sexual harassment or physical violence?	YES	NO
4)	Have you ever been convicted of a sexual crime, including sexual harassment, sexual molestation, or abuse of a child?	YES	NO
5)	Are you an insured driver? <u>Please attach proof of automobile insurance.</u>	YES	NO
6)	Do you give permission for BBI to complete a background check?	YES	NO
7)	Type of participant: How are you involved with Best Buddies? (circle one)	Citizen Buddy	Buddy

****All Participants: Please review the reverse side and sign at the bottom of the page****

Best Buddies International

Best Buddies is a 501(c)(3) non-profit organization whose mission is to enhance the lives of people with intellectual disabilities by providing opportunities for one-to-one friendships and integrated employment. By joining Best Buddies International, you become part of a growing movement of people with and without intellectual disabilities dedicated to ensuring everyone has the opportunity to have a friend. Socialization is one of the simplest, but most often underestimated, solutions to the pattern of exclusion that people with developmental disabilities, including intellectual disabilities, have faced for decades.

You will be joining an organization that has over 60,000 volunteers this year and has positively affected more than 300,000 people this year. Best Buddies accomplishes its mission through six unique programs: Best Buddies Middle Schools, Best Buddies High Schools, Best Buddies Colleges, Best Buddies Citizens, Best Buddies Jobs, and e-Buddies®. Best Buddies High Schools, Colleges, and Middle Schools are the foundation of the organization with chapters at more than 1200 chapters in each of the 50 United States, and operates accredited international programs in Australia, Canada, Colombia, Cuba, Egypt, Ghana, Hong Kong, Ireland, Kenya, Mexico, the Netherlands, the Philippines, Scotland, Sweden and the United Arab Emirates; with additional country programs in various phases of development. Best Buddies Citizens matches adults with and without intellectual disabilities in California, Florida, Illinois, Maryland, Massachusetts, Rhode Island, and Connecticut. Best Buddies Jobs, our supported employment program, helps people with intellectual disabilities find and keep well paying jobs in Miami, Florida; Los Angeles, California; and Boston, Massachusetts. e-Buddies seeks to match individuals with and without intellectual disabilities in online friendships.

We encourage you to learn more about Best Buddies by visiting our website: www.bestbuddies.org, and on behalf of the 300,000 participants in Best Buddies, we thank you for your support.

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PARTICIPANT CONSENT

I, _____, give consent to participate in Best Buddies
(Print Name)

International, Inc., as a participant in the Citizens Program.

- I understand that I will be matched in a one-to-one friendship that includes seeing my Buddy twice a month and contacting him/her weekly, attending group activities, and participating in Best Buddies events.
- 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.
- 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 the disclosure of such medical information to medical professionals that may need the information in order to treat me in the case of an emergency.

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.

Participant Name (Please Print)

Signature of Participant

Date

If the participant is under the age of 18 or a guardian signature is necessary, please sign below

Parent/Guardian Signature

Date