



Citizens Program Membership Application

2019-2020

Member Profile

Full Name:	Program/State:
Date of Birth:	Gender:

Member Contact Information

E-mail Address:			
Phone:	Cell Phone:		
Current Address:			
Street	City	State	Zip

Program Involvement & Role

Are you a person with intellectual or developmental disabilities?	Yes	No
Before this year, how many years have you been involved with Best Buddies?		

Emergency Contact & Sponsor Information

<i>Emergency Contact Information</i>		<i>Sponsor Contact Information (if applicable)</i>	
Name:	Phone:	Name:	Phone:
Relationship to participant:		Email:	

Member Code of Conduct & Acknowledgement

As a Best Buddies member, I agree to abide by the [Member Code of Conduct, Acknowledgement, and General Release of participation](#) as outlined on Best Buddies University.

Photo/Video Release: As a member of Best Buddies, 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**

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

Member initials (required):	Sponsor initials (if applicable):
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Background

Best Buddies is committed to ensuring the safety for all members. Please answer the questions below regarding your background. Answering yes to any of these questions will not automatically exclude you from a volunteer position with Best Buddies.

Permission given for background check (required to participate in program)	Yes	No	Have you been fired or asked to resign from a paid or volunteer position because of any kind of harassment or physical violence?	Yes	No
Have you ever been charged with neglect, abuse, or assault?	Yes	No	Have you ever been convicted of a criminal offense?	Yes	No
Other than the above, is there any fact involving you or your background that would call into question your participation in Best Buddies?				Yes	No

Initial below to indicate that the statements above are true to the best of your knowledge and belief.

Member initials (required):	Sponsor initials (if applicable):
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Member Consent

I, _____, hereby apply for membership with Best Buddies International for the commitment of at least one year being matched in the citizens program.

Member signature	Date
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