



Membership Application

High School and College Programs 2019-2020

Member Profile

Full Name:	Chapter/School Name:	
Date of Birth:	Gender:	Graduation Year:

Member Contact Information

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

Chapter Involvement & Role

Are you a person with intellectual or developmental disabilities?	Yes	No	
Are you currently a student?	Yes	No	
Before this year, how many years have you been involved with Best Buddies?			
Do you want to be matched in a one-to-one friendship this year? (Indicate YES for Peer Buddy/Buddy; NO for Associate Member; N/A for Promoters chapters)	Yes	No	N/A

Emergency Contact & Parent Information

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

Member Code of Conduct

Members must agree to the Best Buddies Code of Conduct:

- 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, sexually explicit, or objectionable
- I will NOT make inappropriate or unwanted physical, verbal or sexual advances.

As a Best Buddies member, I agree to abide by the Member Code of Conduct, Acknowledgement, and General Release of participation as outlined on the Best Buddies Library. Please review this information by visiting www.bestbuddies.org/member-agreement.

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):	Parent/guardian 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.

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 convicted of a criminal offense?	Yes	No
Have you ever been charged with neglect, abuse, or assault?	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):	Parent/guardian initials (if applicable):
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Member Consent

I, _____, hereby apply for membership with Best International for the 2019-2020
(Print Member Name)
 program year, commencing July 1, 2019 and ending June 30, 2020, at _____.
(Print School/Chapter Name)

 Member signature Date

Consent from parent/guardian is required if the participant is under the age of 18 or has a court-appointed guardian.

 Parent/guardian name (if necessary) Parent/guardian signature Date