

2025 - 2026 Program Year | High School & College

# MEMBERSHIP APPLICATION



Sign up online at [www.bestbuddies.org/join!](http://www.bestbuddies.org/join!)

First and Last Name:

Chapter Name:

Address:

Street Address

City

State

Zip Code

Member Status:

☐ New ☐ Returning

E-mail:

Phone Number:

Pronouns (optional):

Best Buddies respects and welcomes people from all backgrounds and abilities to join our programs. By completing the following information (as defined by the U.S. Census Bureau), you ensure support and funding for members in your community. Hispanic/Latino is defined as an ethnicity, not a race, therefore is collected and reported separately.

Date of Birth:

Gender:

Grade:

Graduation year:

Are you a person with an intellectual or developmental disability:

☐ Yes ☐ No ☐ Prefer not to say

Do you want to be matched in a one-to-one friendship (if a match is available)?

☐ Yes ☐ No

Please let us know what accommodations or supports will help you participate in Best Buddies:

Race (check all that apply):

☐ Asian

☐ American Indian or Alaska Native

☐ Black or African American

☐ Middle Eastern or North African

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other:

☐ Prefer not to say

Ethnicity: Are you of Hispanic, Latino, or Spanish origin?

☐ Yes

☐ No

☐ Prefer not to say

Parent/Guardian Contact Information

Please provide address if different from member's

Name

E-mail

Phone Number

Street Address

City, State, Zip Code

Employer

Emergency Contact

If other than the parent/guardian

Name

Phone Number

Do you have a court-appointed legal guardian?

☐ Yes (please enter your guardian's information below) ☐ No

Name

Relationship

E-mail

Phone Number

Media Permission

When participating in Best Buddies, I (or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats. The images will be the sole property of the local Best Buddies office or Best Buddies International, and may be used for publicity purposes.

☐ I wish to opt out at this time.

Background

Best Buddies is committed to ensuring the safety for all members. Please answer the questions below regarding your background.

Have you been dismissed or asked to resign from a paid or volunteer position?

☐ 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?

☐ Yes ☐ No

Member Agreement

I agree to the Best Buddies Member Agreement ([bestbuddies.org/member-agreement](http://bestbuddies.org/member-agreement)) and hereby apply for membership with Best Buddies International for the 2025-2026 program year, commencing July 1, 2025 and ending June 30, 2026.

Signature of Member

Date

Signature of Parent / Guardian (if applicable)

Date