



College Buddy/Associate Member Application

Page 1 of 3

This form is used in the matching process; so please be as thorough and honest as possible. Unlike a College Buddy, an Associate Member is not matched in a one-to-one friendship. Responsibilities of an Associate Member include attending all group outings and assisting as needed with planning chapter events. This form is **3 pages**; please use reverse side of form if needed. Return completed form to college Buddy Director or Membership Coordinator.

General Information

Full Name _____ Sex: M F

Phone _____ Email _____ Date of Birth _____

School Address _____

Permanent Address _____

Year in School: First-Year Sophomore Junior Senior Graduate Student

Field of Study: Major/s _____ Minor _____

Applying to be a: College Buddy Associate Member

Were you matched as a College Buddy before? Yes No

If Yes, name of buddy: _____

If possible, do you want the same Buddy? Yes No

Are you interested in taking on a leadership role in your chapter? Yes No

If yes, which one(s)? Membership coordinator Activities Coordinator Treasurer eBuddies Coordinator

Please completely answer the following, using the back if necessary:

Previous volunteer experience: _____

Previous experience with intellectually/developmentally disabled persons:

College Buddy/Associate Member Application

Page 2 of 3

Organizations and Club Memberships (*including leadership roles*): _____

Other Languages: _____

Please shade in the times that you are **NOT** available to meet with your Buddy or attend chapter activities:

	9:00AM	10:00 AM	11:00AM	12:00PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	Evening
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

The best **days and times** for chapter officers to reach you are: _____

If matched, the best time for your Best Buddy to call you would be: _____

Considering your schedule, do you feel that you can make the time commitment to your Best Buddy?

YES NO

Do you have a car? YES NO **If yes, please attach a copy of your insurance.**

If yes, would you be willing to transport other Buddy pairs on occasion? YES NO

If yes, are you willing to use your car to meet with your Buddy? YES NO

Please describe yourself in three words: 1. _____ 2. _____ 3. _____

Please check the activities that you most enjoy:

- | | | |
|---------------------|-------------------------|----------------------|
| ___ Watch Movies | ___ Play with animals | ___ Cook |
| ___ Play Cards | ___ Talk on the phone | ___ Sail |
| ___ Travel | ___ Play computer games | ___ Take long walks |
| ___ Listen to Music | ___ Play Sports | ___ Paint |
| ___ Write Letters | ___ Watch Sports | ___ Roller Skate |
| ___ Arts/Crafts | ___ Do puzzles | ___ Go to ball games |
| ___ Jog | ___ Dance | ___ Watch TV |
| ___ Bowl | ___ Ice Skate | ___ Fish |
| ___ Shop | ___ Cook | ___ Fix cars |
| ___ Sew | ___ Sing | Other _____ |

College Buddy/Associate Member Application

Page 3 of 3

Below please list examples of activities that you like to do. Be specific (*i.e.* – *Sports = Basketball, Baseball; Dancing = Swing*):

Describe a friendship that you have been involved in and what you gained from it. Also, indicate why you would like the experience of becoming a College Buddy. (Use the back if necessary).

Best Buddies Pledge and Release

Please initial each statement to show you have read and fully understand your commitment

_____ I understand the mission of Best Buddies is to enhance the lives of people with intellectual/developmental disabilities by providing opportunities for one-to-one friendships and integrated employment.

_____ Dedication is vital to the success of my Best Buddies friendship. I understand that all persons have human rights and must be treated with respect and dignity.

_____ I understand that any information released to me about my Buddy is to remain confidential.

_____ My signature gives permission for me to be photographed or filmed at Best Buddies events and for photos or footage to be used by the media.

_____ I will see my Buddy twice a month, make contact once a week and attend all Chapter Meetings.

Signature _____ Date _____