

Best Buddies International Colleges

MEMBERSHIP APPLICATION

2008-2009 Academic Year



This is a membership application used solely by Best Buddies International. This information will remain strictly confidential. 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 chapter's Program Manager or mailed to: Best Buddies International: 100 Southeast Second Street, Suite 2200, Miami, FL 33131

Participant's Contact Information:

College/University or Agency associated with:	Gender: (circle one) Male Female	Date:
Full Name:	Graduation Date (if applicable):	
E-mail Address:	Birth Date:	
This year I will be a: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> N/A		
Race: (circle all that apply) African American/Black Asian Caucasian American Indian/Alaska Native		
Ethnicity: Hispanic/Latino Not Hispanic/Latino		

Field of Study/ Profession:

Current Address: Street _____ City _____ State _____ Zip _____ Phone #:()	Summer Address (if applicable): Street _____ City _____ State _____ Zip _____ Phone #:()
Emergency Contact Information Parent/Guardian Name: _____ Relationship to Student: _____ Phone Number: _____ Address: _____ City: _____ State: _____ Zip: _____	Parent/Guardian Work Information: Employer: _____ Occupation/Title: _____ Phone Number: _____ Address: _____ City: _____ State: _____ Zip: _____

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 any kind of 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? Insurance Company: _____ Insurance Policy #: _____ Expiration Date: _____	YES	NO
6)	How many years have you been involved with Best Buddies?		
7)	How are you involved with Best Buddies? (circle one)	College Buddy	Buddy
		Associate Member	Officer
			Other

****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 350,000 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 1,400 chapters in each of the 50 United States, and operates accredited international programs in Australia, Brazil, Canada, Chile, Colombia, Cuba, Ecuador, Egypt, England, Finland, Germany, Ghana, Honduras, Hong Kong, Ireland, Israel, Jordan, Lebanon, Kenya, Malaysia, Mexico, the Netherlands, New Zealand, Panama, the Philippines, Qatar, Saudi Arabia, Scotland, Singapore, Spain, Sweden, Tanzania, Thailand 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, 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 350,000 participants in Best Buddies, we thank you for your support.

PARTICIPANT CONSENT

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

International, Inc., for the 2008-2009 academic year.

- I understand that I will be matched in a one-to-one friendship that includes seeing his or her Buddy twice a month and contacting him/her weekly during the school year, attend group activities, and participate in Best Buddies activities.
- 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