



Signup online at www.bestbuddies.org/join!

CONTACT INFORMATION

Select one: New Member Renewing Member **Chapter Name:** _____

First Name Preferred Name (optional) Last Name

Address Line 1 Address Line 2

City State Zip Code Email Address (only if 13 or older)

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Cell Phone Number (only if 13 or older) Home Phone Number (optional) Preferred Gender Pronoun

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. This information is used for statistical purposes only.

DEMOGRAPHICS

Date of birth (mm/dd/yyyy): _____ **Name of school / organization:** _____

Are you a person with an intellectual or developmental disability: _____ **This school year, I will be in:** _____

Yes No Prefer not to share **Graduation year:** _____

Gender: **Race (check all that apply):** **Ethnicity:** Are you of Hispanic, Latino, or Spanish origin?

Female American Indian or Alaska Native Native Hawaiian or other Pacific Islander Yes

Male Asian White No

Non-binary / third gender Black or African American Other: _____ Prefer not to share

Prefer not to share Middle Eastern and North African

Self describe: _____

PARENT/GUARDIAN INFORMATION

Address is same as member's

Parent/Guardian (1): First Name Last Name Employer (optional)

Address City State Zip Code

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Home Phone Cell Phone Email Address

Address is same as member's

Parent/Guardian (2): First Name Last Name Employer (optional)

Address City State Zip Code

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Home Phone Cell Phone Email Address

SUPPORTS

Do you have a court-appointed legal guardian? Yes No **Please let us know what accommodations or supports will help you participate in Best Buddies (select any that apply or share below):**

If yes, please enter your guardian's information below:

Dietary Medical Mobility or transportation Communication

First and Last Name Relationship

Phone Number Email Address

PERMISSION

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.

1. 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

2. Have you ever been convicted of a criminal offense? Yes No

3. Have you ever been charged with neglect, abuse, or assault? Yes No

4. 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

Media Permission
When participating in Best Buddies activities, 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 for either the local Best Buddies chapter, state office or Best Buddies International. The images will be the sole property of the local Best Buddies office or Best Buddies International.

I hereby release and hold harmless the local Best Buddies office and Best Buddies International from any claim arising from the use of these images.

I wish to opt out at this time.

Member Agreement

By signing below I agree to the Best Buddies Member Agreement (www.bestbuddies.org/member-agreement) and hereby apply for membership with Best Buddies International for the 2021-2022 program year, commencing July 1, 2021 and ending June 30, 2022.

Signature of Member

Date

Signature of Parent / Guardian (if applicable)

Date