# Membership Application

Join the Best Buddies Global Movement

**2021-2022 Program Year**

**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*)

( ) | ( )

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

## DEMOGRAPHICS

*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.*

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

**Name of school / organization:** _____

**Are you a person with an intellectual or developmental disability:**

○ Yes ○ No ○ Prefer not to share

**This school year, I will be in:** _____

**Graduation year:** _____

**Gender**:
- ○ Female
- ○ Male
- ○ Non-binary / third gender
- ○ Prefer not to share
- ○ Self describe: _____

**Race** (*check all that apply*):
- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Middle Eastern and North African
- ○ Native Hawaiian or other Pacific Islander
- ○ White
- ○ Other: _____

**Ethnicity**: Are you of Hispanic, Latino, or Spanish origin?
- ○ Yes
- ○ No
- ○ Prefer not to share

## PARENT/GUARDIAN INFORMATION

○ ***Address is same as member's***

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

Address | City | State | Zip Code

( ) | ( )

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

( ) | ( )

Home Phone | Cell Phone | Email Address

## SUPPORTS

**Do you have a court-appointed legal guardian?** ○ Yes ○ No

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

First and Last Name | Relationship

Phone Number | Email Address

**Please let us know what accommodations or supports will help you participate in Best Buddies** (*select any that apply or share below*):

○ Dietary ○ Medical ○ Mobility or transportation ○ Communication

## 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**