



# Application Form

Please indicate the position for which you are applying by marking an X in the box below:

- Peer Buddy Volunteer    Buddy    Associate Member    Chapter President    Executive

Name of School/Chapter: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male    Female

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Permanent Phone #: \_\_\_\_\_ Summer Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Do you have any special needs of which your Best Buddy should be made aware? If so, please list below:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been matched with Best Buddies?  Yes  No   If Yes, name of match: \_\_\_\_\_

Would you like to be matched with the same person again?  Yes  No

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parent/Guardian Place of Work: \_\_\_\_\_

Why do you want to be involved with Best Buddies Canada?:  
\_\_\_\_\_  
\_\_\_\_\_

Please check the activities that you most enjoy:

- Playing Sports    Watching Sports    TV and Movies    Arts & Crafts  
 Singing and dancing    Going for food    Shopping    Cooking

Do you have any specific ideas about how you would like to spend time with your Best Buddy? Are there any group activities you would like to suggest for the chapter?  
\_\_\_\_\_  
\_\_\_\_\_

## Buddies Only

Person filling out this form \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Peer Buddies Only

Please provide the name, email address, and phone number of one professional reference (e.g., Teacher, employer, leader of your religious congregation etc.) who is over the age of 18.

Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_