Best Buddies Canada
Pledge and Consent Form

Date (Month/Day/Year)

Pick one of the following options:

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- I affirm that **I am a full-time student over 18 years of age** and agree to maintain confidentiality by not releasing any personal information of the participants involved in the program and to treat all participants with respect and dignity.
- I will make contact with my Best Buddy once a week and meet for a one-on-one outing or virtually twice a month.
- I affirm that I have never been fired or asked to resign from a paid or volunteer position because of any type of harassment or criminal behaviour. I have not been charged or convicted of any crime or criminal act. **I understand that in order to participate in the Best Buddies Program, I must undergo a Criminal Records Check and Vulnerable Service Sector screening and must not have a criminal record. If I am a returning student, I affirm that I have not been convicted or charged with any crime since the completion of my Criminal Reference Check upon entry to the Best Buddies Program.**

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- I affirm that I am **an adult over the age of 18 with an intellectual disability** and agree to maintain confidentiality by not releasing any personal information of the participants involved in the program and to treat all participants with respect and dignity.
- I will make contact with my Best Buddy once a week and meet for a one-on-one outing twice a month.
- I affirm that I have never been fired or asked to resign from a paid or volunteer position because of any type of harassment or criminal behaviour. I have not been charged or convicted of any crime or criminal act.

- I agree that I will follow the guidelines (regarding vaccination and other health matters) as set out by the public health department in my area as well as my academic institution and local chapter's policies.
- As Best Buddies participants include vulnerable participants, I agree to inform my Leadership Team and Best Buddies of Canada should I suspect or know any relevant information about any participant that may affect the safety and well-being of a buddy or any chapter members. I will also report any witnessed or suspicions of abuse on a Buddy or Peer Buddy including physical, sexual, emotional, verbal, or psychological abuse, or any form of neglect or harassment.
- I give permission to be photographed and/or filmed at any Best Buddies activity and understand that any photograph or video may be used at the discretion of Best Buddies for the purpose of fundraising and/or promoting the program.
- I agree to participate in any training and/or Volunteer Information Sessions provided by Best Buddies or my chapter's Leadership Team.
- I agree to save, hold harmless and indemnify Best Buddies of Canada for any responsibility from any accident, injury, or illness that I may suffer resulting from the program.
- I understand that alcohol, cannabis, and illegal drugs are not permitted at any Best Buddies event and will refrain from consuming/using them at these events.
- I understand that, if I choose to ride in a vehicle of a Best Buddies participant or Staff Member, I must be covered by my own, my parents, or my guardians automobile insurance policy. If an accident occurs, I will not hold Best Buddies financially responsible and either I or my parent/guardian will pay for any medical expenses incurred by me.
- I understand that I must have one million dollars in liability coverage from my or my parents insurance company in order to transport any Best Buddies participant in my vehicle.

Best Buddies respects your right to privacy. We do not rent, sell or trade our participants' information. The information you give us is only used to keep you and your parent/guardian up to date on Best Buddies activities, programs, special events, fundraising and volunteering

This is to certify I have read and understood the above points and I agree to uphold the rules and regulations of Best Buddies of Canada:

Applicant Signature

Parent/Guardian Signature

If the applicant is under the age of 18, or unable to consent on their own, a parent/guardian must sign on their behalf. I, the undersigned, confirm that my child/ward has read and understood the above points and that they and I agree to uphold the rules and regulations of Best Buddies of Canada.

Applicant Name

Parent/Guardian Name

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