



BUDDY APPLICATION FORM

Training Location: _____ Date: _____

Training Instructor(s): _____

Primary Buddy Break Location: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email: _____ Date of Birth: _____

Home Church (if any): _____

Church City: _____ Senior Pastor's Name: _____

Hobbies and Personal Interests: _____

Marital Status: _____ Spouse's Name: _____

of Children: _____ Names and Ages: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____

PERSONAL SKILLS

Do you have any medical training or are you CPR certified? No Yes, Explain: _____

What leadership/volunteer experience have you had with children with special needs? _____

List any training, education, or other factors that have prepared you to work with children with special needs.

PERSONAL ISSUES

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have/Do you struggle with any type of drugs, including alcohol or marijuana? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have/Do you struggle with sexuality (homosexuality, addictive behavior, pornography, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized for alcohol or substance abuse? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested for a criminal offense including minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been accused, arrested, or convicted of any sexually related crimes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been accused, arrested, or convicted of any physical abuse related crimes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any circumstances involving your lifestyle or your background that would call into question your future of working with children? |

If you answered yes to any of the above questions, please explain: _____

PLACE OF EMPLOYMENT or IF FULL-TIME STUDENT, SCHOOL INFORMATION

Occupation: _____ Company/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's/Teacher's Name: _____ Phone: _____

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PERSONAL REFERENCES (references must be from 3 different families, only 1 personal family member)

Name: _____ Relation: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Name: _____ Relation: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Name: _____ Relation: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

APPLICANT'S AFFIRMATION

- **BACKGROUND CHECK:** I understand that I am required to fill out a background check form provided by the Buddy Break Coordinator at the location I will be serving. The background check must be approved before I begin participating in the Nathaniel's Hope Buddy Break program.
- **CONFIDENTIALITY AGREEMENT:** By law all information concerning the children and families served by Buddy Break is to remain strictly confidential. As a Buddy I must maintain confidentiality on any information I receive that is of a medical, privileged, confidential, or non-public nature and may not disclose such information to any individual without proper authorization. Disclosure of information should only be given to people who require information for medical treatment or other legitimate reasons related to child care.
- **BUDDY PLEDGE:** I have read and understand the Buddy Covenant, and with God's help, I commit to faithfully fulfill the role of a Buddy with Nathaniel's Hope Buddy Break.
- **USE OF IMAGE/LIKENESS:** I hereby grant Nathaniel's Hope, and to any third party it may authorize the right to photograph me and/or make recordings of my physical likeness and/or recordings of my voice in or in connection with exhibitions, theatrical productions, motion pictures, magazines, newspapers, internet or other publications, or on television or radio. I also hereby grant Nathaniel's Hope, and any third party of Nathaniel's Hope's choosing, the authority to receive income from the sales or distribution of any product that may include such photos and/or recordings herein described, and I understand that I will not at any time receive any part of such income from Nathaniel's Hope using the photos and/or recordings and will not receive any payment, fees, trades, or any other form of compensation whatsoever from such income, except as defined in a separate agreement with Nathaniel's Hope.
- **STATEMENT:** The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with minors, and I release all such references from liability for any damage that may result from furnishing such evaluations to you. I understand that any omission of material fact on this application may be grounds for rejection of this application. Should my application be accepted, I agree to follow the policies of the Nathaniel's Hope organization and the partnering Buddy Break locations.

Applicant's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Which Buddy Break location do you wish to serve as your primary location? _____

Would you like to make a monetary donation to this Buddy Break location? No Yes
(Make your check payable to this Buddy Break location.) Cash Check

All appropriate signatures must be included before the processing of this application can begin.

COORDINATOR USE ONLY

Application copied and sent to Nathaniel's Hope Date: _____

Application copied and sent to appropriate Buddy Break Coord. if applicable Date: _____

Background Check (BC) Company: _____ BC Date: _____

National BC Completed BC Status: Approved Denied BC not applicable, Buddy is a minor

References checked

Approval Signature: _____ Date: _____

Nathaniel's Hope OFFICE USE ONLY

Buddy file received Date: _____

Entered in database by: _____ Date: _____

Approval Signature: _____ Date: _____

