

BUDDY APPLICATION FORM

	Training Local	lion Date			
BDEAV	Training Instru	uctor(s):			
Phren	Primary Buddy	Break Location:			
PERSONAL INFORMATION					
First Name:		Last Name:			
Address:					
		Zip:			
County:					
		Cell:			
Work Phone:		Fax:			
Email:		Date of Birth:			
Home Church (if any):					
		Pastor's Name:			
Which Buddy Break location d	o you wish to serve as your	primary location?			
Hobbies and Personal Interes	ts:				
Marital Status	Spauco's N	ame:			
		Polationahin			
		Relationship:			
Emergency Contact Phone:					
How did you near about Budd					
PERSONAL SKILLS					
Do you have any medical trair	ning or are you CPR certified	? No Yes, Explain:			
Mhat landarahin/valuntaar ayr	poriones have you had with a	shildren with angoint needs?			
vviiat leadership/volunteer exp	benence have you had with t	children with special needs?			
List any training, education, or	other factors that have prep	pared you to work with children with special needs:			
PERSONAL ISSUES					
YES NO	uagle with any type of drugs	including alcohol or marijuana?			
Have/Do you struggle with any type of drugs, including alcohol or marijuana?Have/Do you struggle with sexuality (e.g. homosexuality, addictive behavior, pornography)?					
Have you ever been hospitalized for alcohol or substance abuse? Have you ever been arrested for a criminal offense including minor traffic violations?					
		mense including minor traπic violations? privicted of any sexually related crimes?			
☐ Have you ever be	een accused, arrested, or co	pnvicted of any physical abuse related crimes?			
	cumstances involving your li orking with children?	festyle or your background that would call into question			
•	-	e explain:			
, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			

BUDDY APPLICATION FORM

Page 2 of 3

PLACE OF EMPLOYME	NT or IF FULL-TIMI	E STUDENT, SCHOO	L INFORMATION	
Occupation:		Company/School	Name:	
Address:				
City:		State:	Zip:	
Supervisor's/Teacher's N			Phone:	
PERSONAL REFERENC	ES (references mu	ıst be from 3 differen	t families, only 1	personal family member)
				Phone:
Address:				
			Email:	
				Phone:
Address:				
			Email:	
				Phone:
Address:				
			Email:	
APPLICANT'S AFFIRMA				
the role of a Buddy with I USE OF IMAGE/LIKENE photograph me and/or may with exhibitions, theatricatelevision or radio. I also authority to receive inconrecordings herein describ Nathaniel's Hope using the form of compensation when Hope. STATEMENT: The information references, churches, or regarding my character and damage that may result formation of the state of th	e read and understand hathaniel's Hope Butass: I hereby grant ake recordings of my I productions, motion hereby grant Nathanie from the sales or bed, and I understand he photos and/or record atsoever from such mation contained in other organizations and fitness for working rounds for rejection frounds for rejection and the sales of the sales or the sales or the photos and/or record atsoever from such mation contained in the sales or working the sales of the sales or th	nd the Buddy Covenar ddy Break. Nathaniel's Hope, and y physical likeness and n pictures, magazines, niel's Hope, and any the distribution of any prood that I will not at any toordings and will not reincome, except as defutis application is correlisted in this application g with minors, and I reevaluations to you. I u of this application. Sho	I any third party it I/or recordings of newspapers, into direct that may included that may included that may included that may included any payment in a separate and the sect to the best of recording the sect to the dest of the direct and that any old my application	part of such income from ont, fees, trades, or any other e agreement with Nathaniel's my knowledge. I authorize any information they may have erences from liability for any omission of material fact on n be accepted, I agree to follow
•	, -		•	
Parent or Guardian's Sig	nature:		 Date:	
If you would like to make	a donation to the ov	erall Nathaniel's Hope	Buddy Break pro	gram, please contact us or o your primary Buddy Break

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

location, please do so at Buddy Training.

BUDDY APPLICATION FORM

COORDINATOR USE ONLY		
☐ Cash received, amount:\$	☐ Check received, amount:\$	Check#:
☐ Application entered online, if not already completed the	nere Date:	_
Background Check (BC) Company:		BC Date:
☐ References checked ☐ National BC Completed	BC Status: ☐ Approved ☐ Denied	☐ BC not applicable, Buddy is a minor
Approval Signature:		Date:
Nathaniel's Hope OFFICE USE ONLY		€⊙⊙}
☐ Buddy file received Date:		The order Many
☐ Entered in database by:	Date:	Thank You
Approval Signature:	Date:	—