



# The Arc of Tri-Cities Buddy Club 2018-2019

The Arc of Tri-Cities Website  
www.arcoftricity.com  
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Make a difference,  
Join Buddy Club!!!

## Your Buddy Club Commitment:

1. Dedication, Friendship, Peer-Mentoring & Fun!!!
2. Attend Weekly Lunches (on Campus)
3. Attend Monthly Activities  
Activities include: Socials, Buddy Club Prom, Bowling, Buddy Club Picnic & More

## Buddy Club Application High School 2018-2019

Are you a Buddy? (Student with disabilities) \_\_\_\_\_

Are you a Peer Buddy? (Student without disabilities) \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ LUNCH "1st or 2nd" or "A or B" \_\_\_\_\_

Name: \_\_\_\_\_ What Grade are you in? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Cell # for Text Messaging: \_\_\_\_\_

Your Email Address: \_\_\_\_\_ Best way to communicate: Text \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Year Graduating \_\_\_\_\_

Were you in Buddy Club last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes: Who was your Buddy \_\_\_\_\_

Do you speak Spanish? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you participate in any after school activities? Yes \_\_\_\_\_ No \_\_\_\_\_ What Kind \_\_\_\_\_

Do you have a special requests of Buddy "matching"? \_\_\_\_\_

### Disability Information: (if you have a disability )

Primary disability: \_\_\_\_\_ Limitations: \_\_\_\_\_

Are you a Client of DDD? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you Receive SSI? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL TREATMENT RELEASE:** I hereby approve our child's application to The Arc of Tri-Cities Buddy Club and consent to his/her being given a physical emergency treatment by a physician or hospital in case of an accident and to his/her taking part in Buddy Club activities and will not hold The Arc of Tri-Cities staff, members of their board, volunteers responsible for injury to our child, damage to his/her property, or "lost or stolen" property which may occur while participating in Buddy Club activities.

## I understand the commitment level involved with Buddy Club:

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT CONTACT INFO: Ph# \_\_\_\_\_ EMAIL: \_\_\_\_\_



### PARENTS: Would you like to be involved in any of the following: (please check)

\_\_\_\_\_ Fundraising \_\_\_\_\_ Events \_\_\_\_\_ Buddy Club Prom \_\_\_\_\_ DAD Patrol \_\_\_\_\_ Picnic