

The Arc of Tri-Cities Buddy Club 2019-2020



1455 Fowler Street
Richland WA 99352
www.arcoftricity.com



Your Buddy Club Commitment:

1. Dedication, Friendship, Peer-Mentoring & Fun!!!
2. Attend Weekly Lunches
4. Friendship & Fun!!!

Make a difference,
Join Buddy
Club!!!

Buddy Club Application Middle School 2019-2020

The Arc of Tri-Cities Website
www.arcoftricity.com

Are you a Buddy? (Student with disabilities) _____

Program Coordinator- Sue Pederson

Are you a Peer Buddy? (Student without disabilities) _____

Email: buddyclub@arcoftricity.com

PH: 783-1131 ext. 107

NAME OF SCHOOL _____

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell phone: _____

Email Address: _____

Age _____ Date of Birth: _____ Male _____ Female _____ Grade: _____

Were you in Buddy Club last year? Yes _____ No _____ Do you speak Spanish? Yes _____ No _____

Why do you want to join The Buddy Club? _____

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

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.

YOUR SIGNATURE: _____ DATE: _____



United Way
of Benton and Franklin Counties

PARENT SIGNATURE _____ DATE: _____

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

_____ Fundraising _____ Events _____ Picnic _____

PARENT CONTACT INFO: Ph# _____ EMAIL: _____