

THE BUDDY PROGRAM, INC.
BIG BUDDY APPLICATION FORM

Return to: The Buddy Program, Inc., PO Box 617, Basalt, CO 81621 or Fax: 927-0193

Because of the special nature of this program, it is necessary for The Buddy Program, Inc. to conduct a thorough screening of the Senior Buddy applicants. We sincerely appreciate your willingness to comply with these requirements.

Name: _____ Date: _____

Address:(physical) _____ (mailing) _____

Phone Number: hm: _____ wk: _____ fax and/or e-mail: _____

Social Security Number: _____ Date of Birth: _____ Spouse's name: _____

Present Employer: _____ Phone number: _____

Occupation:

Employment History:

- 1
- 2
- 3
- 4

Education:

High School: _____

College or Technical Training: _____

major: _____ minor: _____

Graduate School: _____

I am interested in applying for the Community-based Mentoring or School-based Mentoring (circle one).

I am interested in working with a child in _____ Basalt/El Jebel _____ Aspen _____ It doesn't matter

How did you learn about the program?

What attracted you to the program?

What do you hope to get out of this experience?

Do you have your own transportation? _____ Car year, make, model: _____

Do you have a valid driver license? _____ License #, _____ exp. date: _____

Are you covered by liability insurance? _____ Company Policy number: _____

Have you ever been arrested or convicted of any offense other than a traffic violation? _____ . If yes, please explain:

Phone references: List three personal references we may contact (including name, and phone number):

1.

2.

3.

(In addition to these references, please obtain and forward 3 additional letters of recommendation)

Person we may contact in an emergency:

Relationship: _____ Address _____ Phone _____

Please list interests, hobbies, and activities that you pursue:

Do you have any special skills or talents you'd be willing to share?

What attitudes and beliefs are of special importance to you?

"I understand that The Buddy Program, Inc. will contact the above references and any other person deemed necessary. I agree to an annual Central Registry check, CBI check, and a National Background Screening, as well as a Motor Vehicle check. I will provide The Buddy Program, Inc.: a copy of my Driver's License, proof of automobile insurance and three letters of reference. I understand that misrepresentation of personal information or history could result in termination or non-acceptance in The Buddy Program, Inc. I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state of federally controlled substance. I am not under current indictment. The Buddy Program, Inc. staff accepts or declines volunteers based on the information gathered and for reasons of confidentiality will not share this information or reasons of denial with any applicant."

Signature _____

Date _____

Parent Signature (If Under 18) _____