

Buddy Program Volunteer Information

Contact Information

Name: _____

Address (street, city, zip code): _____

Phone Number: _____

E-mail: _____

Best way to contact you:

E-mail ___ Phone___

About you

Why are you interested in becoming a buddy?

Describe any attributes, special interests, talents that you possess that would enhance your role as a buddy:

Do you have a car? Yes___ No___

Do you smoke? Yes___ No___

Buddy Matching Information

Please indicate your preference regarding the buddy you would like to support

Male___ Female___ No preference___

Would you be willing to accommodate to petitions made by buddies with Multiple Chemical Sensitivities such as wearing only white clothes, no perfume or any kind of lotion, etc?

Yes___ No___

What days/times are you available to volunteer?

Please indicate other requests/concerns you might have regarding your involvement in the program:

I understand that to be involved in The Buddy Program I will have to agree to the following:

- To be an empathetic listener and a positive encourager
- To commit to The Buddy Program for at least 6 months
- Arrange to meet with my buddy for 1-2 hours every week
- Provide an evaluation of the program

Volunteer Signature _____ Date _____