Buddy Up Program
Inclusion and Disabilities and EntryPointDC

The Buddy Up Program aims to create friendships between young adults with and without disabilities. Young adults without disabilities who want to build peer relationships with young adults with disabilities can participate as a drop-in buddy or year-long buddy. Training on working with those disabilities will be offered for all those that would like to participate in the Buddy Up Program.

Drop-in buddies may sign up to attend any of our programs, held throughout the month, such as cooking, bowling, and game night when your schedule allows, and a year-long buddy will focus on building one-on-one relationships and will be asked to attend a certain number of social programs and correspond with individuals on a regular basis.

Buddies will interact with attendees by socializing, making conversations, and generally being a warm and welcoming face at events.

Please complete the information below:

First Name: _____________________________
Last Name: _____________________________
Phone number: _________________________
Email: _________________________________
Emergency Contact Name & Phone: ________________________________
Emergency Contact Email: ________________________________
Are you currently in school? ____ If so, please name school: _______________________
Are you currently employed? ____ If so, please name job: _______________________
I am between the ages of (circle one):

16-18 18-23 23-28 28 -35 35 and older

Please describe your educational background:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Have you worked with individuals with disabilities? If so, describe your experience.
__________________________________________________________________________
__________________________________________________________________________

Why are you interested in being a buddy?
__________________________________________________________________________
__________________________________________________________________________

Do you have previous experience being a buddy? If so, describe your experience.
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________
What impact do you hope to impart on your buddy?

_______________________________________________________________

_______________________________________________________________

Do you have any questions about your role as a buddy or about the program?

_______________________________________________________________

**Goals of Buddy Up Program:**

- Develop peer relationships
- Create inclusive opportunities for individuals of all abilities
- Create engaging social experiences for individuals of all abilities
- Provide organic opportunities for relationships to develop

**Objectives for Buddies:**

- Develop a trusted relationship
- To attend and support buddy in social, vocational, and educational experiences
- To help buddies connect with other peers in a meaningful, positive way
- Develop a friendship with buddy

**Criteria & Expectations for Buddy:**

- In person or Phone conversation with EDCJCC staff prior to experience
- Attend 1-2 social programs with buddy each month
- Communicate with buddy to arrange for monthly programs
- Communicate with buddy to enhance the friendship
- Inclusivity
- Set positive examples for others
- Become acquainted with other young adults attending programs group
- Establish positive relationships; promote interaction between young adults of all abilities
- Encourage a sense of individual responsibility within buddy
- Encourage independence for you buddy
- Proactive follow up with buddy
In submitting this application, please agree to the following statements by checking them:

I, _______________________________ declare that:

☐ I understand that as a Buddy, my buddy will lean on me and communicate with me outside of the intended meeting dates.

☐ I understand the objectives and goals for the program, and will strive to help achieve those goals.

☐ I will attend 1-2 programs with my buddy.

☐ I will attend a training prior to working with a buddy

☐ I agree to a background check.

☐ I have never been convicted of a misdemeanor, felony, or crime.

BUDDY SIGNATURE

Date: / / (dd/mm/yyyy)