



TEAM Vacaville

Welcome to T.E.A.M. Vacaville BUDDY CLUB

Please read this entire introduction letter and be sure to follow all instructions.

We know that you may have questions at some point, so please feel free to contact us anytime! As we build and grow this amazing group, we want you to know that your input is EXTREMELY valuable to us.

Here is some basic information:

1. Time Commitment:

- a. We are developing our events now, but hope to have 1 event each month. There will be months that our events will include several days in the month (such as swimming, bowling or Art Nights). Along with our events with our special kids, we will also have club meetings periodically.

2. Communication is Key:

- a. WE COMPLETELY understand that our buddies have a life outside of TEAM Vacaville and understand that things will come up. We expect our buddies to notify us when there is a conflict as soon as they can so that we can find another available buddy for the event. Consistency is important to us, so we will always try to pair up for events with familiar pairs. Also consistency is extremely important for our special friends because they will come to expect their friend at the events and if you don't show up, the sudden change can cause unneeded stress on everyone. Sometimes it can cause meltdowns, so in order to avoid those, we ask our buddies to give us enough notice, when they won't be attending, so that we can let the family of our special friends know so that they can prepare their child for the change.

We are excited for what our future holds and are honored that you want to join us in this adventure.

After you have filled out your application, please email it to teamvacavillesolano@gmail.com. If you should have any questions or concerns, please feel free to contact Christa Poe at 707-373-4316.



T.E.A.M Vacaville Buddy Application

Thank you for your interest in Team Vacaville's Buddy Club. We are excited to have you as part of our new journey to build a wonderful organization! Please complete the following information.

Buddies must be within the ages of 14-18 (special consideration may be made for 12 & 13yr applicants). All information will be confidential, and will be used to best support and encourage all Buddies and Special Needs Children within our organization.

BUDDY GENERAL INFORMATION

Buddy Name _____ Parent's/ guardian name(s) _____

DOB _____ Age _____ Grade _____ School _____

Address _____

Phone _____ Cell _____ Email _____

Gender: Male Female Driver's License or Other ID Number: _____
Issued By: _____ (attach clear copy)

MEDICAL INFORMATION

Medical Provider name _____ Phone number _____

Medical ID #: _____ Doctor Name: _____

Do you have any health issues or Allergies? YES NO _____

In case of emergency contact _____ Ph# _____ () Friend () Family

Parent/Guardian Signature: _____ Date _____

REFERENCES

Please List two non-family personal or community references. All information is required.

Reference 1

Name: _____

Address: _____

Phone Number: _____

Reference 2

Name: _____

Address: _____

Phone Number: _____



T.E.A.M Vacaville Buddy Application

BUDDY CONTRACT & CODE OF CONDUCT

Your interest in becoming a buddy for a child with disabilities is something to be proud of. We appreciate you stepping up to become part of Team Vacaville and look forward too many great experiences along the way.

Being a buddy is not something to take lightheartedly. Our special needs members will depend on you, and look up to you. YOU have the opportunity to not only set the bar high for your peers in the community, but to be a real hero to these special children. Buddies commit to the following responsibilities~

1. Care and safety for their special needs friend.
2. Understanding the child's disability, willingness to learn ways to help
3. Confidentiality regarding information about the participants (no posting Instagram, Facebook without parent approval)
4. Demonstrating kindness and compassion not just when around the participant's but in the community and beyond.
5. Reliability: show up on time, ready to help (or contact manager if you are unable)

Team Vacaville, Inc. is a youth-serving, community-based organization dedicated to providing children with special needs an opportunity to participate in sports and community events with the help of neuro typical kids as "buddies". Participation in the organization's programs is subject to the observance of the organization's rules and procedures. *The activities outlined below are strictly prohibited.* Any participant or staff member who violates this Code is subject to discipline, up to and including removal from the program

If at any point during your time as a buddy you fail to comply with the basic rules and behavior, you will be dismissed immediately.

Grounds for dismissal include:

- Bullying or taking unfair advantage of any participant or within the community
- Repeated missed practice/games/activities/events without prior notice
 - 1st "No Show" after notifying Team Vacaville that you will attend will result in a warning.
 - 2nd "No Show" after notifying Team Vacaville that you will attend will put you on probation. Probation will eliminate you from being paired up with a special needs friend. Probation will last until management determines otherwise
 - 3rd "No Show" after notifying Team Vacaville that you will attend will result in termination from program.
- ANY unkind words or actions when in the presence of the participant
- Abusive language towards a staff member, volunteer or another participant.
- Possession or use of alcoholic beverages or illegal drugs.
- Bringing onto Team Vacaville, Inc.'s property/events dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items.
- Verbal, physical or visual harassment of another participant, staff member or volunteer.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health or well-being of others.

I, _____, hereby agree to abide by the rules set forth for being a buddy with Team Vacaville.

Buddy Signature: _____

Date: _____



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GENERAL QUESTIONNAIRE

Why did you choose to participate in Team Vacaville Buddy Club?

Do you have any experience working with special needs children? YES NO

Please Explain: _____

Do you have a Special Needs friend that you would like to be a buddy for: _____

Do you have any siblings? YES NO Names and ages of siblings: _____

List 3 adjectives to describe yourself

List 3 adjectives OTHERS use to describe you

Hobbies/Favorite Shows/Characters/Music/Sports...etc:

Are you involved in other clubs/organizations at school or in the community? YES or NO

When you graduate school, do you plan on going to college? YES NO

What do you want to be when you grow up? _____

When considering your application, what additional things would you like for us to know?



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PHOTO RELEASE

From time to time, Team Vacaville, Inc. will update various media outlets with photos of Team activities and members and volunteers. This may include our Facebook page, website, or newsletters and publications, and sometimes the local newspaper. I give permission to have my child's photo used for Team Vacaville publications and media outlets.

Name of Buddy: _____ Parent/Guardian signature: _____

Please circle the Buddy's shirt size:

Adult Small Medium Large XLarge

RELEASE OF LIABILITY

I, _____, agree to volunteer for TEAM Vacaville, Inc. As a volunteer, I understand that I will be participating in scheduled activities. I also understand that it is my responsibility to notify TEAM Vacaville, Inc. in a timely manner if I am unable to make a scheduled event, so that a replacement buddy can be found. I also understand that I will not be compensated for any time spent volunteering. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage. As consideration for volunteering for TEAM Vacaville, Inc., I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue TEAM Vacaville, Inc. or its officers, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any officers, agents or contractors of TEAM Vacaville, Inc. as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE TEAM Vacaville, Inc. AND ITS OFFICERS, EMPLOYEES AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT OR EVENTS. I authorize TEAM Vacaville, Inc. to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury. I understand that the materials and tools provided by TEAM Vacaville, Inc. are and remain the property of TEAM Vacaville, Inc., and I agree to return these tools and any remaining materials to TEAM Vacaville, Inc. at the end of my volunteer service.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.
I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Buddy Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____

Please return completed application to: teamvacavillesolano@gmail.com
T.E.A.M Vacaville: Together Everyone Always Matters