



**Best Buddies International Colleges
BUDDY PROFILE**

This form is used in the matching process, so please be as thorough and honest as possible. It should be completed by the Host Site Coordinator or an individual who knows the potential Buddy well. Please make sure you have reviewed the criteria for participation in Best Buddies before referring a candidate. All information on this form may be shared with the College Buddy matched with this applicant and will remain **strictly confidential**. This form should accompany the Membership Application.

General Information:

Name of Buddy applicant: _____

Name of person completing this form: _____
Full Name Relationship to applicant

Please describe the Buddy's personality: _____

If applicable, has the Buddy's family been notified about the program? Yes No
If no AND applicable, please contact the family ASAP.

Please list below any special needs of which the College Buddy should be made aware:

Behavioral issues: _____
 Speech and language disorders: _____
 Hygiene issues: _____
 Physical challenges: _____
 Medications: _____
 Seizure disorders: _____
 Other: _____
 Comments: _____

Please list two individuals that the College Buddy may contact with any questions or concerns.

Name	Relationship	Phone #
E-mail Address	Best time to contact	
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