

e-Buddies: Friendships Through Technology

A BEST BUDDIES INTERNATIONAL PROGRAM



About Best Buddies

Best Buddies is a 501(c)(3) nonprofit organization dedicated to establishing a global volunteer movement that creates opportunities for one-to-one friendships, integrated employment and leadership development for people with intellectual and developmental disabilities.

Founded in 1989 by Anthony K. Shriver, Best Buddies is a vibrant, international organization that has grown from one original chapter to more than 1,500 college, high school and middle school campuses across the country and internationally. Best Buddies programs engage participants in each of the 50 United States. We have accredited international programs on six continents with additional country programs under active development. Our six formal programs – Best Buddies Citizens, Colleges, e-Buddies, High Schools, Jobs, and Middle Schools – will positively impact more than 700,000 individuals this year.

By participating in a Best Buddies program, you are a part of a growing movement of people dedicated to ensuring that everyone has the opportunity to have a friend. Socialization is one of the simplest, but most often underestimated, solutions to the pattern of exclusion that people with intellectual or developmental disabilities have faced for decades. We encourage you to learn more about Best Buddies by visiting our website at www.bestbuddies.org. Thank you for your support!

About e-Buddies

e-Buddies is one of the six programs offered by Best Buddies International. e-Buddies is an e-mail pen pal program that provides opportunities for e-mail friendships between persons with an intellectual or developmental disability and peer volunteers who do not have a developmental disability.

e-Buddies is a fun and safe way to make a new friend. e-Buddies is open to applicants 10 years old and up. All participants join via our online application, which can be found at www.ebuddies.org. Each participant is matched in a one-to-one e-mail friendship. Matches are made based on age, gender, geography, and interests; matched pairs are asked to exchange e-mails once a week for at least one year.

As an Internet-based program, e-Buddies faces a unique set of safety concerns. We take our responsibility to ensure the safety of our participants very seriously. For this reason, all applicants are screened before that can be cleared to participate in e-Buddies. In-person meetings between e-Buddies are prohibited, unless arranged by a Best Buddies staff member, and we will not match participants who live in the same state. Our e-mail system allows e-Buddies to communicate without exchanging their real e-mail addresses. We can also track all e-mails exchanges between e-Buddies, and all e-mail messages are archived on our secure server for review when necessary.

All participants must agree to the e-Buddies Code of Conduct. Violating the Code of Conduct can result in expulsion from e-Buddies. The Code of Conduct prohibits participants from doing the following:

- Posting, transmitting, or distributing content that is illegal; harassing, threatening, or embarrassing an e-Buddy; transmitting or facilitating in the distribution of content that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or, in a reasonable person's view, objectionable; pretending to be anyone whom they are not.
- Exchanging telephone numbers, e-mail addresses, or home addresses; sending e-mail attachments.

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PARENT/GUARDIAN CONSENT

I give permission for my child/ward (*circle one*) _____
(Print child/ward's name)

to participate in e-Buddies, a Best Buddies International, Inc. program.

- I understand that my child/ward will be matched in a one-to-one e-mail pen pal relationship; this includes exchanging e-mails at least once a week with another e-Buddies participant.
- I understand that Best Buddies screens all e-Buddies applicants; this can include background checks and contacting references.
- I understand that Best Buddies retains a copy of every e-mail sent or received by my child/ward through e-Buddies; I also understand that Best Buddies staff members do not actively read these e-mails, but can review them when necessary.
- I understand that e-Buddies participants are prohibited from meeting in-person, unless that meeting is arranged by a Best Buddies staff member.
- I give permission for my child/ward to be photographed and/or filmed at any Best Buddies activity, and I understand that any photograph or videotape may be used at the discretion of Best Buddies for publicity purposes.

In consideration of the benefits and opportunities afforded to my child/ward through participation in the Best Buddies organization, the undersigned parent/guardian states as follows:

1. I hereby agree to release Best Buddies International, Inc., from any liability for any accident, injury, or illness suffered by my child/ward at, during, or in connection with any Best Buddies program activities, except for any accident, injury, or illness which results from gross misconduct by Best Buddies International, Inc., or its staff.
2. I authorize Best Buddies International, Inc., to obtain medical treatment for my child/ward in the event of injury or illness in connection with a Best Buddies activity and agree to pay any expense incurred for treatment.
3. I understand that, in connection with any Best Buddies activity, if my child/ward is riding in a private passenger automobile that is involved in an accident, he/she may be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible on primary coverage.
4. If my child/ward is being transported in a commercial carrier or other leased or rented vehicles in connection with a Best Buddies activity and an injury occurs, I understand that I shall look to the commercial carrier or owner of the leased or rented vehicle to pay any medical bills incurred as a result of such injury.

NOTE: The undersigned agrees to assume all risk of accident, injury, or illness that may occur at, during, or in connection with any Best Buddies program activity.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

Date

Signature of Student

Date

