MOSAIC Buddy Application

Name: _____

Address: _____

Cell Phone: _____ Parent Cell Phone if Under 18: _____

Email Address: _____

Interests *(please explain here what you like to do with your free time to assist in matching you with a MOSAIC partner)*

Tell us about your family

Why do you want to be a Buddy?

Additional skills or relevant experience working with special abilities:

Do you have any physical or other limitations? If yes, please explain.

I am willing to work with:

- ☐ Infants
- ☐ Preschool aged
- ☐ Elementary aged
- ☐ Middle school aged
- ☐ High school aged
- ☐ Adults

Signature:

_____

Parent Signature if under 18:

_____

Date: _____

I hereby grant permission to Ebenezer Church to use photographs and/or video of me in publications, news releases, online, and in other communications related to the mission Ebenezer Church.

Signed:
