

# All4The22 BackPack Buddies Program

<b>Name:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone Number:</b>	
<b>Age:</b>	
<b>Do you have children?</b>	
<b>Hobbies:</b>	
<b>Are you a Veteran? If yes what is your military background?</b>	
<b>Marital Status:</b>	
<b>Learning Disabilities:</b>	
<b>How often would you like to be contacted by your buddy?</b>	
<b>Is there anything specific you would like your buddy to know?</b>	
<b>Do you prefer a male or female buddy?</b>	
<b>You are aware that your BackPack buddy is not a licensed counselor or therapist?</b>	
<b>Do you consent to participate in the BackPack Buddy program if so please sign and date here.</b>	