ROOFTOP FRIENDS

Joy of Giving

Buddy Application

NAME: _____ **AGE:**_____

ADDRESS: _____

EMAIL: _____

CELL: _____ **Church affiliation:** _____

WORK/EMPLOYMENT: _____

Experience working with disabilities: _____

Buddy preference: ____**with a disability** ____ **typical sibling**

Age preference (assignments will be made based on shopper needs)

4-8 **9-12** **12-18** **18 & older**

First time Buddy Applicants - Please provide a reference:

Reference Name_____

Phone / E-mail _____

Return Buddy Application to:

joyofgiving2025@gmail.com

By November 24, 2025