



Lunch Buddies

Adult Buddy Application

Name: _____

Address: _____

Preferred Phone number: _____

Email: _____

School preference – if any (reminder, please choose a school/time in which you are not related to any other student):

____ Delphi Elementary

____ Any lunch time works

____ I am related to a child in ____ grade so please avoid that lunch time

____ Camden Early Learning Center

____ Either school is fine

Is there anything else you would like to tell us: _____

I understand that Lunch Buddies matches one adult to one student. I agree to comply with the guidelines page that I have also signed. I understand that the goal of the program is to keep buddies together until the child exits the program or leaves elementary school (whichever comes first). I agree to communicate any changes in my availability to Upper Room Youth Center/Lunch Buddies as soon as I am aware.

Signature: _____ Date: _____

** Please email completed form to: uryc.delphi@gmail.com or turn in to URYC office at Delphi First Assembly