



HeartWood

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# Public Application Form

## *Get Noticed! Youth Facilitation Program*

Participant's Name \_\_\_\_\_ Male / Female Date of Birth \_\_\_\_\_ (dd/mm/yy)

Mailing Address \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Guardian's Email \_\_\_\_\_ Participant's Email \_\_\_\_\_

Guardian(s) Name(s): \_\_\_\_\_

**Relationship with Participant**

- |  |  |
|--|--|
| <input type="checkbox"/> Mother        | <input type="checkbox"/> Father        |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Foster Father |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____   |

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Health Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

**\* IN CASE OF EMERGENCY, please name a person who will be available for contact during the program.**

Primary Contact \_\_\_\_\_ Alternate \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Please provide information on any physical limitations, recent injuries or illnesses of which staff should be aware.

\_\_\_\_\_  
\_\_\_\_\_

Please provide information on any medications the participant is bringing to the program.

\_\_\_\_\_  
\_\_\_\_\_

### Release of Liability

**I understand that although safety will be a priority, parts of the program may be physically or emotionally challenging. I understand that each participant must assume the risk of injury that could result from any of these activities. I release HeartWood from all liability for any injury to my child from participating in program activities.**

To the best of my knowledge \_\_\_\_\_ is in good physical condition (except as noted previously) and capable of participating in an active program. Authority is granted for him/her to receive emergency medical treatment as deemed appropriate.

\_\_\_\_\_  
**Signature of Parent/Guardian (or participant 19 years or older)** **Date**

## Photograph/Video Consent

We occasionally take photos to document a group learning experience which could then be used in our promotional and/or educational materials. Permission is granted for HeartWood to use still photographs or video footage of me for these purposes. YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## **Get Noticed! Youth Facilitation Program Application Questions**

Please take a few minutes to complete the following questions. Your responses will not be used to evaluate your eligibility for the program. These questions will help us to understand who you are, why you are interested in attending this program and what you hope to learn from the experience.

1. Tell us a bit about yourself (i.e. your interests, your connection to your home or school community etc.)
2. How did you find out about this program?
3. Why are you interested in attending Get Noticed- Youth Facilitation Program?
4. What do you hope to learn?
5. Have you had experience with 'facilitation' in your life? What has your experience been?
6. Is there anything else you would like to share with us?

Thank you for sharing your thoughts!!!! We will be in touch after we have received and reviewed all of your information. We look forward to meeting you soon!!!