

<b>HeartWood</b>		<b>HeartWood Centre for Community Youth Development</b> 5516 Spring Garden Road, Suite 202 Halifax, Nova Scotia B3J 1G6 ph: (902) 444-5885 fax: 444-3140 www.heartwood.ns.ca
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**March Break Youth Leadership Program  
March 17-20, 2010  
Gaelic College, Cape Breton**

Every person - every young person - makes a difference.

And every action counts! The best part of this, is that not only do we make a difference as unique individuals and together – but we can choose what kind of difference we want to make and what actions we want to take...

HeartWood's Youth Leadership Programs are among the best leadership experiences in Atlantic Canada. *Leadership* is about recognizing ourselves as positive leaders of all kinds. It's about valuing ourselves and others, as meaningful members of our communities – today and tomorrow.

Join us with a bunch of new supportive friends for and fun and creative opportunity which will provide you with the chance to develop, learn, and put into practice the skills necessary to achieve your personal best. By the end of this journey together, you'll have a greater understanding of yourself as an individual with a limitless capacity to create positive changes in your life, your community, and beyond.

It's going to be loads of fun (hey, it's March Break after all!), but it will also be demanding, and there are some pre-requisites:

**You want to be there!**

**You are recommended by the organization you are involved with and you play (or want to play) a role as a volunteer, junior leader, staff member, etc.**

**You can commit to living by HeartWood's Safety Standards during your time at the program.**

**A parent, guardian or adult from the organization is committed to participate in the Youth-Adult Partnership Day on the last day of the program**

**Dates:** Wednesday, March 17 at 5:00 p.m. to Saturday, March 20 at 2:00 p.m.

**Location:** Gaelic College, St. Anns (Baddeck), NS

**Age range:** 14-18

**Cost:** \$25 (The NS Department of Community Services and Mountain Equipment Coop

are supporting this program. Travel costs are to be covered by the recommending organization.)

**Deadline for applications: March 1, 2010**

**Transportation:** Cape Breton Shuttle leaves Halifax every day at around 1pm and will arrive at Gaelic College at 5pm. Check out their website at HYPERLINK "http://capeshuttleservice.com/" <http://capeshuttleservice.com/> or call at 1-800-349-1698.

**Please note that there is a maximum group size of 20 participants from across the province,** and if there is more demand than space, we will need to select a diverse range of youth from each region.

**Youth Leadership Program ~ Application Questions**

What ways are you currently involved in your community? (School events or groups, sports, volunteering, clubs or service groups, etc?)

What role(s) do you play within those groups or organizations?

Why is it important to you to be involved in your community in these ways?

What would you like to learn more about, in terms of your own leadership skills?

What could you offer to the group to make this a great learning experience for everyone?



## HeartWood's Safety Standards

Young people have told us that one of the things they appreciate most about HeartWood programs are the feelings of being in a Safe Space: where people are free from fear and unhealthy pressures, free to be themselves. HeartWood's staff members do not take all the credit for creating this Safe Space. It is created with and by the staff and participants who have come together to form a kind of community. It starts with what we call Community Standards: we get together and decide how we are going to live and work together as a group. How are we going to treat each other? What standards do we need to have in place so that everyone feels free to fully participate and give his or her absolute best? HeartWood brings forward a set of safety standards that we have found to be a necessary foundation upon which the group creates its own standards. We stand firmly behind them.

### **Safety Standards:**

HeartWood programs are free from violence, abuse, harassment or bullying of any kind (physical, sexual, emotional, psychological)

All programs are drug & alcohol-free

We ask that participants not form friendships which exclude others, and sexual activity is not allowed

Personal space and privacy are respected. Separate sleeping areas are established according to gender, sexual orientation and special needs.

Participants are required to stay within the physical boundaries of the program area

### **On Wilderness Programs:**

Everyone wears closed-toed shoes (especially when swimming)

PFDs are worn at all times in canoes

### **Why we do this...**

In the process of developing Community Standards, people negotiate the standards until everyone feels that they can live with them; therefore, it is not necessary for everyone to agree with every one of HeartWood's Safety Standards; it is only necessary that they be able to abide by them while participating in HeartWood programs. If a person feels that a certain Safety Standard is somehow unfair or too restricting, the choice always remains with the individual to join us and participate or not. We think it is important for people to know what they are getting into. If you can live with our minimum Safety Standards, then we're sure you will have an amazing experience with HeartWood. You will play a huge part in creating an empowering culture with new friends.

### **Some past participants' thoughts on Community Standards:**

"It all started four summers ago with a canoe trip...like every other HeartWood event I have attended, I felt safe, but challenged and energized to do the next activity."

"I feel loved and appreciated because I am a part of a strong and caring community. I think it is a real testament to HeartWood and its staff that they are able to bring together diverse

youth from all walks of life and facilitate their learning and growing together in a socially non-threatening environment."

<b>HeartWood</b> Centre for Community Youth Development	<b>Youth Programs</b> <b>Application and Health</b> <b>Information</b>  <b>Confidential</b>
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Program: March Break Youth Leadership Program

Date/s: March 17-20, 2010

Has participant attended a HeartWood program before? (Which one/s?)

\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Participant's Email: \_\_\_\_\_

Guardian Name: _____ Work #: _____ Alternate #: _____ E m a i l : _____ Relationship to participant: _____	Social Worker's Name: _____ Work #: _____ Alternate #: _____ Email: _____ Agency #: _____ Agency Name: _____
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**IN CASE OF EMERGENCY**

Doctor's Name: \_\_\_\_\_ Doctor's

Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Expiry

Date: \_\_\_\_\_

**Please name a person who will be available for contact during the program in the case of an emergency:**

Primary Contact: \_\_\_\_\_ Relationship to

Participant: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Health Information:** (Please provide as much detail as necessary. This helps our staff to be prepared fully for the participant's needs. It is crucial that you provide as much detail as possible about medications or behaviors that can impact the experience for all the participants.)

<p>1. Please list all allergies such as medications, food, insect stings, grass, animal, etc. to which the participant is subject. Please give details of treatment should condition indicated occur and specify what medication staff may give the participant.</p> <p><b>*NOTE:</b> Please provide an Epi-pen if your child has a known anaphylactic allergy.</p>	<p>θ Medications/Penicillin: Reaction: Treatment:</p> <p>θ Insect stings: Reaction: Treatment:</p> <p>θ Food Allergies/Restrictions: Reaction: Treatment:</p> <p>θ Other: Reaction: Treatment:</p>
<p>2. Please list any medications the participant is bringing to camp. These must be clearly labeled and handed to staff on arrival. Use additional sheet if necessary.</p> <p><b>*NOTE:</b> Please provide inhalers or courses of insulin, as necessary.</p>	<p>Medication: Reason: Dosage: Side effects:</p>
<p>3. Should the participant develop a headache, fever, or upset stomach or bowel, please indicate what medication staff may give by placing a check in the appropriate box.</p>	<p>θ ASA                    θ Tylenol θ Immodium        θ Pepto-Bismol θ Benadryl        θ Other:</p>
<p>4. Please indicate &amp; describe any chronic health care conditions such as asthma, heart trouble, prone to ear-aches, tonsillitis, nosebleeds, of which we should be aware.</p> <p>θ Diabetes        θ Headaches        θ Ear infections θ Seizures        θ Depression        θ Bladder infections θ Asthma        θ ADD/ADHD θ any restricted activities</p>	<p>Comments:</p>
<p>5. Please list any additional problems we should be aware of, such as sleepwalking, nightmares, bed wetting, serious fears, etc.</p>	<p>Comments:</p>
<p>6. Note illnesses, recent operations, injuries not included above that we should be aware of.</p>	<p>Comments:</p>
<p>7. Date of last Tetanus shot Are immunizations up to date? If applicable, has menstruation been established? If not, has the menstrual process been explained?</p>	<p>Date: θ Yes    θ No θ Yes    θ No θ Yes    θ No</p>

8. Please describe any significant changes that have happened in the participant's life during the past year (e.g. placement changes, death, school environment, peer issues, divorce... etc). Please elaborate.	Comments:
9. Has the young person been receiving professional treatment from a psychiatrist or psychologist during the past year? Please provide details.	Comments:
10. Does the young person have any behavioral, learning or developmental concerns? Please elaborate and give any techniques for dealing with this that you feel may be useful.	Comments:
11. Are there any special dietary considerations? Please provide details.	Comments:

We endeavour to make our programs safe and enjoyable, inclusive and beneficial to all participants. The information you provide here will help us in achieving these goals. Please be as specific as possible.  
 What are your own and your child's hopes and/or concerns about his/her participation in this program?

Will this be his/her first time away from home?     Yes                     No

Comments on this:

**RELEASE OF LIABILITY**

I understand that although safety will be a priority, parts of the HeartWood program may be physically or emotionally challenging. I recognize the inherent risk of injury in HeartWood outdoor adventure based activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release HeartWood, its staff members, volunteers, and Board of Directors, from all liability for any injury to the participant from participating in HeartWood activities.

To the best of my knowledge \_\_\_\_\_ is in good physical condition (except as noted previously) and capable of participating in an active outdoor program. Authority is granted for him/her to receive emergency medical treatment as deemed appropriate. **(In the event of an emergency, you will be contacted immediately!)**

_____ Signature of Guardian/Social Worker (or Participant 19 years or older)	_____ Name of Signer (Please Print)	_____ Date Signed
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**VIDEO/PHOTOGRAPH 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 this participant for these purposes:

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

These photos may also be displayed on our website. In such a case, they would be accessible to participants as well as to the general public for download. **We will not identify individual participant names in relation to the photos for safety purposes.** Permission is granted to HeartWood for the above-specified use of such photos on the HeartWood website:

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

_____ Signature of Guardian/Social Worker (or Participant 19 years or older)	_____ Name of Signer (Please print)	_____ Date Signed
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**HEARTWOOD YOUTH PROGRAMS SCREENING POLICY**

We endeavour to offer all youth a safe and enjoyable experience. Some programs are better equipped than others to accommodate young people with special needs or who require extra support. We accept participants for all programs based upon an appropriate fit (physically, socially, emotionally) for the young person with available staff resources and the structure of the program. When you submit an application to participate in a public program, our staff will review and respond to your application as quickly as possible. Please note that spaces are limited in our programs, and early applications help us to respond effectively.

**\*\*\*CANCELLATION POLICY\*\*\*** Full payment will be reimbursed if the program is cancelled by HeartWood or if the participant cancels by the registration deadline date. If the participant cancels after the deadline date, HeartWood reserves the right not to refund any portion of the registration fee.

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