



FEDERATION
OF BC YOUTH
IN CARE
NETWORKS

Membership Form

Member Information

FIRST NAME _____ LAST NAME _____

PREFERRED NAME _____ BIRTH DATE (MM/DD/YYYY) _____ AGE _____

MY GENDER IS _____ MY PRONOUNS ARE (EX. SHE/HER/HERS) _____

ADDRESS _____ CITY _____ PROVINCE _____

POSTAL CODE _____ PHONE _____ EMAIL _____

What's the best way for us to contact you?

PHONE EMAIL FACEBOOK OTHER (PLEASE SPECIFY) _____

Do you identify as one of the following?

STATUS NON-STATUS MÉTIS SELF-DESCRIBED _____

What is your experience in care in BC?

- IN CARE (foster home, group home, VCA, CCO, YA, AYA, SNA, family agreement)
- IN A RESIDENTIAL FACILITY (youth custody, mental health or addictions)
- COMMUNITY LIVING BC (CLBC)
- HOMELESS
- I DON'T KNOW

What are your top three needs?

- ADVOCACY
- EDUCATION
- MENTAL/EMOTIONAL HEALTH
- TRANSITIONING FROM CARE
- LIFE SKILLS
- EMPLOYMENT

Are you interested in receiving our monthly e-newsletter? YES NO

As a member of the Fed, I agree to inform the Fed if my contact information changes and to renew my membership every two years.

YOUTH SIGNATURE _____ DATE SIGNED (MM/DD/YYYY) _____