



Federation of BC Youth In Care Networks

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Steering Committee Application Form

(Adults 25+ years old)

SCM # _____

DATE: _____

LOCATION: _____

Privacy: The personal information collected with this form is used by the FBCYICN to ensure the safety and well-being of all participants at the Steering Committee Meeting (SCM). The contact information you provide is also used to send updates and information if you choose so. This information will not be shared with individuals or other organization. For more information, check the website or contact the office. IMPORTANT: Filling out this application does not guarantee approval to attend the SCM. The FBCYICN has limited space for adults to attend the SCM.

FBCYICN OFFICE USE ONLY – Phone Registrations

Privacy Information given by: _____

Date: _____

Time: _____

Participant Contact Information

Full Name _____

Title and Organization _____

I am a... Alumni Board Adult Support Staff

Birthdate _____ MONTH / DAY Age _____ OPTIONAL

Gender Male Female Other (please specify) _____

Address _____ City _____

Province _____ Postal Code _____

Phone Number _____ Phone Number (2) _____

Email _____ Fax _____

Is this your first SCM: Yes No

Do you want to be added to our mailing list (including E-Newsletter)? Yes No

The mailing list is used to send updates and information about opportunities.

Emergency Contact Information

Full Name(s) _____

Address _____ City _____

Province _____ Postal Code _____

Phone Number _____ Phone Number (2) _____

Email _____

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Date Registered: _____

Registered By: _____

Funding Information

Are you applying for a subsidy from the FBCYICN to attend the SCM? Note: The FBCYICN has very limited funding for subsidy's for anyone over the age of 25.

Yes Full Subsidy – (Fee + travel + meals) + other (please specify): _____
 Partial Subsidy – Fee, travel, meals, daycare, other (please specify): _____
(Circle all that apply)

No Invoice for the conference should be sent to:
 Me Other:

Full Name _____

Title and Organization _____

Address _____ City _____

Province _____ Postal Code _____

Phone Number _____ Email _____

Note: Invoices will be sent out to the above listed after the SCM (please do not send payment until invoice is received). Payment is due 30 days after the SCM and is accepted by cheque.

Travel Details

I will be attending... **Whole Weekend (Including Friday and Saturday overnights)**
Note: Due to the limited space for adults all accommodation will be shared.

Friday Evening **Saturday** **Sunday**

I will be going... (Choose 1)

To the office to meet the bus to the camp (Must arrive at the office by 3:30 pm)
 To the airport or bus terminal and need to arrange transportation to/ from the office or camp
 Straight to the Camp _____ Estimated Time of Arrival (please note the meeting begins at 5:00pm on Friday evening)

Additional Travel Information: _____

Note: Please DO NOT book travel until you have been approved to attend the SCM. A FBCYICN staff member will contact you regarding approval and travel details and if participants are flying or traveling by bus, they must arrange their travel times with us in advance of booking.

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Payment Information Confirmed? Yes No Date: _____

Subsidy Approved? Yes Partially No

Additional Comments: _____

Health Information

This information is collected to ensure the safety, health and well-being of all participants at the SCM. It is important that all the questions are answered honestly and completely. The FBCYICN can only provide appropriate support, assistance and intervention based on the information provided. Leaving a question blank is not an option as the FBCYICN must be aware of all health information. If we discover we have not been advised of important health information in advance, the FBCYICN reserves the right to refuse a participant from attending the SCM.

Care Card (Medical) Number (must provide in case of emergency): _____ **Province:** _____

Do you have any dietary restrictions?

Yes (if yes check boxes that apply)

No

Vegan (no animal products)

Vegetarian (no meat)

Lacto-ovo Vegetarian (dairy and eggs only)

No Red Meat

No Pork

Other: _____

No Poultry

No Seafood

No Dairy

No Nuts

Diabetes (no sugar)

Note: If there is nothing marked down on the registration form you will not be provided a special dietary meal at the SCM. A list is kept by the FBCYICN staff as well as the camp staff who has dietary restrictions and this list will be enforced.

Do you have any allergies?

Yes (if yes check boxes that apply)

No

Hay Fever (e.g. Dust, grass, pollen) please specify: _____

Animals (e.g. Cats, dogs) please specify: _____

Insects (e.g. Bees, spiders) please specify: _____

Medications (e.g. aspirin, penicillin) please specify: _____

Foods – please specify: _____

Other allergies not listed above: _____

Do you take any allergy medication(s)?

Yes

No

If yes, give name of prescription medication(s) and dosage instructions: _____

Do you have any health conditions that may prevent or limit your participation or require special attention?

Yes (if yes check boxes that apply)

No

Physical Disability _____

Asthma

Epilepsy

HIV / AIDS

Diabetes

Hepatitis A/B/C

Are you Pregnant? If yes how far along: _____

Heart Disease

Other health conditions not listed above: _____

Do you take medication(s) to treat your health condition(s)?

Yes

No

If yes, give name of medication(s) and dosage instructions: _____

Do you have any mental health concerns that may prevent or limit your participation or require special attention?

Yes (if yes check boxes that apply)

No

Attention Deficit (ADD/AHAD)

Anxiety Disorder

Schizophrenia

Depression

Obsessive Compulsive (OCD)

Fetal Alcohol

Other Mental Health concerns / conditions not listed above (please specify) _____

Do you take medication(s) to treat your mental health concern(s)?

Yes

No

If yes, give name of medication(s) and dosage instructions: _____

Are you taking any other medications?

Yes

No

If yes, give the name of medication(s) and dosage instructions: _____

Legal / Liability Information

The FBCYICN provides a safe and healthy environment for our young people (under 24 years of age) to grow and learn. As such, the FBCYICN must take the necessary provisions to protect the interest and safety of the young people participating at the SCM's. The purpose of this section is to adhere to our legal responsibility to protect young people participating at our SCM's from potential harm or risk.

Do you have good social / sexual boundaries with young people (under 24 years of age)? Yes No

Have you been convicted of a criminal offence? Yes No If yes please describe:

Have you attached the required Criminal Record Check (this is mandatory for any adult over the age of 25)? Yes No

Note: A copy will be kept at the FBCYICN office until the criminal record check is expired and then a new current copy must be submitted for you to attend the SCM. All adults over the age of 25 must submit a criminal record check and if one is not submitted your registration will not be accepted. If you can not afford a Criminal Record Check or have any questions please contact the FBCYICN at 604-527-7762 or info@fbcyicn.ca

Code of Conduct

The following rules apply to ALL PARTICIPANTS (youth and adults included) and were developed by young people to keep everyone safe and comfortable at all Networking events and at the FBCYICN Office. Please RESPECT our Code of Conduct so we don't have to send you home.

NO Alcohol or Drugs: All Networking events are substance free

This means no alcohol or illegal drugs are permitted at any time. Members are asked to let staff know if they have any type of medication with them (prescription or other) and are welcome to ask staff to hold onto medication for safekeeping. If you are bringing medication, please make sure that it is clearly labelled with your name and the name of the medication. Members are never permitted to share medication with others.

NO Sexual Intimacy: This means no sexual activity of any kind

Please maintain and respect the personal boundaries of others. Hugging your friends is OK, just make sure they're comfortable with it!

NO Weapons: Please leave anything that might be considered a weapon at home

If you think you may have something in your possession that could be used as a weapon, please turn it into a FBCYICN staff person immediately. Staff will decide if these items will be returned.

NO Violence: The FBCYICN has ZERO TOLERANCE for acts of violence

This includes threats (written or verbal), bullying/intimidation or physical aggression.

NO Disrespect: Always treat others as you would like to be treated

Racism, Homophobia, Harassment and Gossiping are not tolerated at networking events or at the FBCYICN office.

NO Room Visits: Please stay out of other people's rooms / cabins

This is to respect the boundaries of all members. If you want to visit with a friend, make plans to meet with him or her outside of their cabin.

NO Leaving the Event Site: Please remain on-site for the duration of the event

All members must get permission from a staff person before leaving the site, even if it is an emergency. This is to maintain safety and good participation at networking events. If you choose to go home early, please let FBCYICN staff know so they can help you to get home safely.

NO Cliques: Never purposely exclude others from group activities or conversations

Members are encouraged to engage with all of their peers, especially newer members, during SCM's and networking events.

NO Age-Exclusionary Establishments: Please stay out of areas that exclude minors (bars, clubs, etc)

This rule applies during all Networking events.

Please note:

The FBCYICN is not responsible for lost or stolen items; please do not bring valuable items to Networking events unless arrangements for securing the item(s) have been made with FBCYICN staff in advance.

Breaking a rule under the Code of Conduct will result (at minimum) in the participant not being invited to attend the next Networking event; further consequences may be applied depending on the circumstances.

If you have a question or concern about any of the rules outlined in our Code of Conduct, or how they apply to you or any other participant, please speak to a FBCYICN staff person or one of our staff members, Board members or identified adult support person immediately.

Do you have any other needs or concerns that the FBCYICN should be aware of or may need to provide special support for?

Yes No If yes, please provide details:

I understand that my participation may be restricted, or I may be required to leave the SCM if the questions on this registration have not been answered completely and honestly or if I break the Code of Conduct.

I understand that I must tell the Administrative Coordinator before my arrival at the camp of any changes to the information provided on this Registration Form.

I also understand that as an 'adult' participant and role model I am expected to behave in a professional manner and maintain appropriate boundaries at all times.

By signing, I confirm that all information provided on this registration is accurate and complete and that I have read and understand the Code of Conduct.

Participant Signature: _____

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Phone Registrations

Statement was read to, and acknowledged by, participant? Yes

Read by:

Date:

Time: