



Federation of BC Youth In Care Networks

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Steering Committee Application Form

(Youth 14 to 24 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). We may need to contact you/your guardian (social worker) to clarify or ask questions about things you put on this form so we can determine what kind of supports you need. We may also need you to help us identify additional supports (i.e. a support person) to attend the SCM. The contact information you provide is also used to send updates and information to you. This information will not be shared with individuals or other organizations. For more information, check the website or contact the office. **IMPORTANT:** Leaving any question blank is not an option. If any question is blank, the registration form will be considered incomplete and will not be accepted for approval. Filling out this application form does not guarantee approval to attend the SCM.

Participant Contact Information

First Name _____ Last Name _____

Birthdate _____ MONTH / DAY / YEAR _____ Age _____

Gender Male Female Other (please specify) _____

Address _____ City _____

Province _____ Postal Code _____

Phone Number _____ Phone Number (2) _____

Email _____

Which is best method for contact: Phone Email Other (please specify) _____

Is this your first SCM: Yes No Do you want to become a FBCYICN Member: Yes No Already Am

Members receive updates and information about opportunities. They can also vote at Annual General Meetings.

Emergency Contact – The below-identified contact MUST be available 24 hours a day for the entire weekend.

First Name _____ Last Name _____

Relation _____

Address _____ City _____

Province _____ Postal Code _____

Phone Number _____ Phone Number (2) _____

Email _____

Social Worker

First Name _____ Last Name _____

Address _____ City _____

Province _____ Postal Code _____

Phone Number _____

Email _____

Funding Information

Are you applying for a subsidy from the FBCYICN to attend the SCM?

- Yes Full Subsidy – Fee, travel, meals, daycare, other – please specify: _____
 Partial Subsidy – Fee, travel, meals, daycare, other – please specify: _____

- No Invoice for the conference should be sent to:
 Social / Youth Worker Caregiver Other: _____

Name _____

Address _____ Phone Number: _____

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 going... (Choose 1)

- To the office to meet the bus to the camp (Must arrive at the office by no later than 3:30pm)
 To the airport or bus terminal (Greyhound Station Vancouver) and need to arrange transportation to / from the office
 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 Steering Committee Meeting. 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 to booking.

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 Number (must provide in case of emergency): _____

Do you have any dietary restrictions?

Yes (if yes check boxes that apply)

No

Vegan (no animal products)

No Poultry

Vegetarian (no meat)

No Seafood

Lacto-ovo Vegetarian (dairy and eggs only)

No Dairy

No Red Meat

No Nuts

No Pork

Diabetes

Other: _____

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 of who has dietary restrictions and this list will be enforced.

GUARDIAN'S INITIALS AS VERIFIED: _____

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: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you take medication(s) to treat your allergies or have special procedures: Yes No
If yes please specify name of medication and dose or other options: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any Medical / Health Conditions? Yes (if yes check boxes that apply) No
 Physical Disability – please specify disability and what supports will be needed to ensure full participation:
 Asthma Epilepsy HIV / AIDS
 Diabetes Hepatitis A/B Addiction
 Heart Disease Hepatitis C Are you Pregnant? If yes how far along: _____
 Other health conditions not listed above: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you take medication(s) to treat your health conditions or have special procedures? Yes No
If yes, please specify name of medication and dose or other options: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any Mental Health Concerns / Conditions? Yes (if yes check boxes that apply) No
 Attention Deficit (ADD/AHAD) Anxiety Disorder Schizophrenia Self Harm
 Depression Obsessive Compulsive (OCD) Fetal Alcohol Anger Issues
 Other Mental Health concerns / conditions not listed above (please specify) _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you take medication(s) to treat your mental health concern or condition or have special procedures: Yes No
If yes please specify name of medication and dose or other options: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any Visible or Invisible Disabilities? No Yes, If yes, please specify: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you need additional supports / caregivers during the SCM for your daily needs (eg: dressing, daily activities, etc) Yes No
If yes please describe what is needed by the supports or caregivers? _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have good social/sexual boundaries? Yes No If no please describe: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

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

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any other needs or concerns that the FBCYICN should be aware of or may need to provide special attention for: Yes No
If yes, please describe: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Are you taking any other medications? Yes No
If yes, give the name of medication and dosage instructions (including refrigeration instructions): _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Are you allowed to give yourself your own medications while at the SCM? Yes No
If no, please give details of the assistance you require? _____

Are you able to hold on to your medications while at the SCM? Yes No
Please bring all medications in the original packaging. Prescription medication should have labels showing what the medication is, who it is for and the dosage.

GUARDIAN'S INITIALS AS VERIFIED: _____

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.

By signing below, I understand that:

1. The SCM is a combination of recreational activities, group activities, meetings, consultations, workshops, and FBCYICN business and I am willing to participate in all of these kinds of activities.
2. My participation may be restricted, or I may be required to leave the SCM if the questions on this registration form have not been answered completely and honestly or if I break the Code of Conduct.
3. If I do require special attention or do need a caregiver for daily activities that it is my responsibility to have someone available for my needs.
4. I must tell the Administrative Coordinator of any changes to the information provided on the registration form BEFORE my arrival at the camp.
5. If I am under 19, the FBCYICN may contact my caregiver and/or Social/Youth worker to confirm the information provided
6. By signing, I confirm that all information provided on the registration form is accurate and complete and that I have read and understand the Code of Conduct.

Participant Signature: _____

Guardian Signature (if under 19): _____

FBCYICN Office use Only

Phone Registrations

Statement was read to and acknowledged by the participant? Yes

Read by:

Date:

Time:

Participants Under 19

Caregiver of Guardian has confirmed the information is correct? Yes No

Contacted by:

Date: