



FEDERATION
OF BC YOUTH
IN CARE
NETWORKS

YOUTH RETREAT (SCM)

Youth Application Package

The Federation of BC Youth in Care Networks (FBCYICN, or the Fed) is a youth-driven, provincial, non-profit organization dedicated to improving the lives of young people in and from care in BC between the ages of 14 and 24.

USE THE HANDY CHECKLIST TO MAKE SURE YOU'RE SUBMITTING A COMPLETE APPLICATION!

Read and signed the What to Expect section

Filled out and signed the Event Registration Form

Filled out and signed the Media Consent Form

Filled out and signed the camp's Acknowledgement of Risk and Release of Liability form

Read and signed the necessary Travel Agreements

Read and signed the Medication Policy

Read and understand the Fed Values Code

Send your completed application package by **September 26, 2019** to:

Email shannon.dolton@fbcyicn.ca

Fax 604-527-7764

Mail 500-625 Agnes St., New Westminster, BC V3M 5Y4

If you have any questions about the application package or how to submit it, please email shannon.dolton@fbcyicn.ca or call her at 604-353-3495.

WHAT TO EXPECT

Our retreats bring youth in and from care from all across the province together to learn life skills, have fun, build lasting friendships, direct the work of the organization, contribute to government consultations, and build a provincial community. Our camps create a fun, safe environment where you can connect with other young people who are building a provincial network for youth in and from care.

Our SCMs are structured weekends that create space for free time, learning, information sharing and most importantly fun! What this means is that there is a high level of participation expected from our youth attendants. Workshops and consultations on a variety of topics important to the youth in care community are mandatory and we encourage all youth to find and use their voices to give feedback where asked. Participation in all activities is mandatory.

Media Consent

- There is a media consent form attached to this application package. Please fill in the consent form even if you do not consent to the use of your image.
- Any youth 18 and under that is currently in care cannot give themselves media consent.
- Failure to fill in the media consent form will be viewed as an incomplete application package.
- The Fed cannot control the distribution of photos or videos taken by youth or if those photos are shared on social media.

Wake-Up Time and Curfew

- Choosing to participate in the SCM means that you agree to follow the wake up times and curfew that is in place.
- All participants must be up by 7:30am and prepared for morning activities and breakfast.
- You can *either* be in their cabin or in the quiet room at 11:30 PM. However, all participants *must* be in their cabins by 1:00 AM.

Recreational Activities

- When participating in recreational activities it is expected that all youth will behave in ways that put safety first.
- Misuse or unsafe behavior when participating in free time activities will result in your removal from the activity.
- Failure to fill in Zajac's Acknowledgement of Risk and Release of Liability Form will prevent you from participating in any outdoor free time activities including canoeing, archery, rock climbing, high ropes course and more.

SCM Example Schedule (this is not an actual schedule for the retreat)

Friday: Arrival Day

4:00 PM Arrive at campsite

4:00 - 5:00 PM Settle in and find cabin assignments

5:00 - 5:30 PM Territory acknowledgement

Welcoming

SCM intro

Housekeeping

Camp rules

Staff intro

Extreme Team intro

5:30 - 6:15 PM Dinner

6:15 - 6:30 PM Community partner updates

6:30 - 7:00 PM Large group guidelines

7:00 - 7:15 PM Break

7:15 - 8:45 PM Workshop

8:45 - 11:30 PM Free time activities

Youth Aged 14-18

By signing below you acknowledge that you have read the above and understand what the weekend is about and what will be expected of you.

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

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

Youth Aged 19-24

By signing below you acknowledge that you have read the above and understand what the weekend is about and what will be expected of you.

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



**FEDERATION
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Event Registration Form

Youth (14 to 24 years old)

Event Information

EVENT NAME _____ EVENT DATE(S) _____

START TIME _____ END TIME _____ LOCATION _____

PRIVACY: The personal information collected with this form is used by the Federation of BC Youth in Care Networks (the Fed) to ensure the safety and well-being of all participants at the Fed event. 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 Fed event. The contact information you provide is also used to send updates and information to you throughout the planning process. This information will not be shared with individuals or other organizations. For more information, check the website or contact the office at info@fbcyicn.ca, 604.527.7762 or 1.800.55.8055 (toll-free).

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 considered for approval. Filling out this application form does not guarantee approval to attend any events. Please notify the Fed of any changes to medication, mental health or emergency contact information that occur after you submit this form.

Youth Contact Information

FIRST NAME _____ LAST NAME _____

BIRTH DATE (MM/DD/YYYY) _____ AGE _____ MY GENDER IS _____

We have gender-neutral sleeping spaces available for folks who identify as gender non-binary or gender neutral, and trans folks who would prefer to sleep in a non-gendered space. Do you want to sleep in a gender-neutral space?

YES NO NOT SURE

A staff member will connect with you to help you decide where you would be the most comfortable.

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

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

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

PHONE EMAIL FACEBOOK OTHER (PLEASE SPECIFY) _____

Do you want to become a Fed member? YES NO ALREADY AM

Members receive updates and information about opportunities. Youth must be members to vote at Annual General Meetings.

Emergency Contact Information

The person named below must be available 24 hours a day for the entire event in case of emergency, and must be over 19.

FIRST NAME _____ LAST NAME _____

RELATION _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

Social Worker Contact Information

If you are under 19.

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

Travel Details

Do you need travel arrangements made for you?

YES *If yes, please select one of the following options:*
Please also see the attached Travel Agreement forms.

PARTIAL
You will be dropped off at the Fed office to board the bus.

FULL
You will need travel from home to the Fed office.

NO *If no, please explain:*

1. How you will get to the event? _____

2. Who will be responsible for getting you to the event? _____

3. What time will you arrive at the event? _____

4. Who will pick you up at the end of the event? _____

Is there any other information the Fed needs regarding your travel to or from the event?

Note: Please DO NOT book travel until you have been approved to attend the Fed event. A Fed staff member will contact you to let you know if your application has been approved.

Health Information

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

CARE CARD NUMBER (MUST PROVIDE IN CASE OF EMERGENCY) _____

Note: Please see our attached Medication Policy. If there is not enough room on this form to list all the medications you will bring to the event, please attach a separate list.

Do you have any dietary restrictions (personal preferences do not count)?

NONE

VEGAN
No animal products

NO PORK

OTHER (PLEASE SPECIFY): _____

VEGETARIAN
No meat

NO POULTRY

NO SEAFOOD

LACTO-OVO VEGETARIAN
Will eat dairy and eggs

NO DAIRY

Note: If there is nothing marked down on the registration form, you will not be provided a special dietary meal at the event. A list is kept by the Fed staff of who has dietary restrictions and this list will be enforced.

NO RED MEAT

NO NUTS

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any allergies (check all that apply)?

NONE

HAY FEVER (PLEASE SPECIFY) _____

ANIMALS (PLEASE SPECIFY) _____

INSECTS (PLEASE SPECIFY) _____

MEDICATIONS (PLEASE SPECIFY) _____

FOOD (PLEASE SPECIFY) _____

OTHER (PLEASE SPECIFY) _____

Do you take medication for any your allergies?

YES *If yes, provide some information about your medication(s):*

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any medical health conditions (check all that apply)?

NONE

ASTHMA

HEPATITS A/B

ARE YOU PREGNANT? *If yes, how far along?*

DIABETES

HEPATITIS C

HEART DISEASE

HIV/AIDS

OTHER HEALTH CONDITION NOT LISTED:

EPILEPSY

ADDICTION

Do you take medication to treat your health conditions?

YES *If yes, provide some information about your medication(s):*

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any mental health concerns or conditions (check all that apply)?

NONE

ADD/ADHD

OCD

ANGER ISSUES

OTHER MENTAL HEALTH
CONDITION NOT LISTED:

ANXIETY

FASD

SCHIZOPHRENIA

DEPRESSION

SELF-HARM

EATING DISORDER

Do you take medication to treat your mental health concerns or conditions?

YES *If yes, provide some information about your medication(s):*

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any visible or invisible disabilities you would like us to know about?

YES *If yes, please identify any supports you would need to fully participate.*

NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any other needs or concerns that the Fed should be aware of or may need to pay special attention to?

YES *If yes, please describe.*

NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Criminal History

Have you been convicted of a criminal offence?

Having a criminal history does not automatically mean that you won't be able to attend.

NO YES *If yes, please describe.*

Are you on probation?

NO YES *If yes, please provide your probation officer's contact information.*

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Funding Information

Youth Aged 19-24

Do you need the Fed to pay for you to attend the event?

YES

NO *If no, an invoice will be sent to the address listed under Youth Contact Information.*

Youth Aged 14-18

Where should the invoice for the event be sent?*

SOCIAL WORKER

ORGANIZATION (PLEASE NAME) _____

OTHER:

Name _____ Phone _____

Address _____

City _____ Province _____ Postal Code _____

*If social worker is unable to pay for youth 18 and under please provide explanation.

By signing below, I understand that:

1. My participation may be restricted, or I may be required to leave the event if the questions on this registration form have not been answered completely and honestly or if I break the Values Code (see attached).
2. 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.
3. I must tell the Administrative Coordinator of any changes to the information provided on the registration form BEFORE my arrival at the event.
4. If I am under 19, the Fed may contact my caregiver and/or social/youth worker to confirm the information provided.
5. By signing, I confirm that all information provided on the registration form is accurate and complete.

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

GUARDIAN SIGNATURE _____ **DATE SIGNED (MM/DD/YYYY)** _____



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BY COMING TOGETHER, WE'RE NOT ALONE!

Media Consent Form

During events and activities hosted by the Federation of BC Youth in Care Networks, such as Steering Committee Meetings, Holiday Parties, Awards Ceremonies, Special Events, etc., we take photos/videos/audio recordings that include young people, alumni, and adults. We use these photos/videos/audio recordings in our Power Pages magazine, on our website, in reports, and sometimes in information sheets and brochures. It is Fed policy that names, ages or addresses are not used to identify youth under the age of 19 in these photos/videos/audio recordings. Social workers, please note that this is in line with MCFD policy for children and youth in care.

Consent: I hereby give the Federation of BC Youth in Care Networks, its employees and those acting with its authorization the right and permission to use and/or publish photos/videos/audio recordings of me as outlined below. I hereby waive any right to inspect or approve the finished media. Signing this form will be deemed as consent with the above. A parent or guardian must sign this release form if the individual photographed/video is under the age of 19 years. If the youth/participant are under the age of 19 both signatures of participant and guardian must be signed.

I hereby authorize the Federation of BC Youth in Care Networks to allow photos/videos/audio recordings to be taken or used for the following (select yes or no):

- YES NO Power Pages & magazines (including covers)
- YES NO Reports & info sheets (including covers)
- YES NO Promotional materials or videos (brochures, posters, presentations, ads, etc.)
- YES NO FBCYICN website
- YES NO FBCYICN social media (Facebook, Instagram, Twitter, YouTube)

Note: We will do our best to ensure youth's privacy is respected but we cannot control other youth posting photos/videos/audio recordings to social media.

FIRST NAME _____ LAST NAME _____

BIRTH DATE (MM/DD/YYYY) _____ AGE _____ MY GENDER IS _____

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

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

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

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

If consent is not given, please indicate why:

- Court-ordered restriction
- Immediate safety concern
- Other (please specify): _____

Please note that if you have given consent and want it changed, you must notify us immediately.

Phone: 604-527-7762
Email: info@fbcyicn.ca

Acknowledgement of Risk and Release of Liability

For participants Under the Age of Majority in the province or Territory in which activities are provided by the Zajac Ranch for Children.

Every person must read and understand this waiver before participating in Zajac Ranch Programs

Initial Each Item Below after Reading and Understanding each item;

_____. I am aware that there are inherent dangers, hazards and risks associated with activities that include but are not limited to Equine activities, High Ropes/Low Ropes course, Rock Climbing Wall, Boating and Swimming.

_____ 2. I am aware that the "Risks" of such activities mean those dangerous conditions which are associated with participation and observing Zajac Ranch activities. Those Risks include but are not limited to:

- A) the propensity of any equine to behave in ways that may result in injury or harm to persons on or around them and to potentially collide with, bite, or kick other animals, people or objects;
- B) the unpredictability of equines reaction to such things as sounds, sudden movement, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
- C) Cuts and abrasions resulting from skin contact with the climbing wall , high ropes course, swimming dock, boats or any other surfaces;
- D) Rope abrasions, entanglement and other injuries resulting from activities on the course such as, but is not limited to climbing, lowering on ropes, spotting, lifting, belaying or rescue techniques;
- E) Failure of ropes, harnesses or climbing holds or other equipment
- F) Failure to follow safety procedures set out by the Equestrian Director, High Ropes instructor, Life Guards and all other trained staff

_____3 In entering into this agreement, I/we am/are not relying on any oral, written or visual representation or statements by Zajac Ranch , its officers, employees, guides/ instructors, agents of representatives (collectively the staff) or any other inducement or coercion to go on the program only of my own free will.

_____4. I/we agree to participate and follow the rules and directions of the Zajac Ranch instructors with regards to rules and safety requirements.

_____5. I authorize the Zajac Ranch Director, Medical Director or His/her appointee, in the event of an accident or illness affecting my child to authorize on my behalf all procedures that include but are not limited to; admission into the hospital or all necessary treatment therein that may be deemed necessary for my child's care and well being. Such action will only be taken when immediate contact cannot be made with emergency contact. It is understood that Zajac Ranch and its staff are not responsible for the cost of medical care or any other associated expenses.

_____ 6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself as a Parent/Guardian and the Zajac Ranch for Children. I am at an age of legal consent. I agree that the agreement will be binding upon out heirs, next of kin, executors, administrators and successors signing it and I agree that this agreement shall be governed in all respects by and interpreted in accordance with the laws of Canada.

Do you have any Existing Health, mental or physical condition (s) that precludes climbing or swimming? Yes No

Please Print Clearly

Participants Name _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____ City _____ Province _____ Postal Code _____

_____ Signed this _____ day of _____, 20 _____

(Signature of Parent/Guardian)

Travel Agreement for Travel Directly Provided by the Federation

This agreement applies to when a youth participant aged 14-24 travels with a staff member or adult support in a vehicle to an event that the Fed is attending or is hosting.

When a participant is traveling with an adult support or staff member, the Federation of BC Youth in Care Networks requires the driver to have the following:

- A clean driver's abstract from ICBC,
- A Criminal Record Clearance Letter with Vulnerable Sector Check, and
- A Class 5 license

By driving a participant, the driver agrees to:

- Act in a way that is safe and will not endanger themselves or their passenger(s) while travelling to the event, and
- Be at the agreed meeting place and present at the agreed time to be picked up. The driver (if not Fed staff) will have the contact information of a staff member in case an emergency arises and things need to be changed, who will notify the participant.

By signing below, the youth participant (and their guardian, if the youth is 18 and under), agrees that:

- They will act in a way that is safe and will not endanger themselves, the driver, or any other passenger(s) while travelling to the event,
- They will be at the agreed meeting place and present at the agreed time to be picked up. The participant will have the contact information of a staff member (who will notify the driver if the driver is not staff) in case an emergency arises and things need to be changed, and
- Youth possibly may be alone in the vehicle with the driver or with other youth participants, staff members, or adult supports. If these arrangements do not work for either the participant or guardian, alternative options can be explored.

YOUTH SIGNATURE

DATE

GUARDIAN SIGNATURE

DATE

Please contact us if you have any questions about this agreement.

Travel Agreement for Travel Pre-Arranged by the Federation

This agreement applies to when a youth participant aged 14-24 is travelling to a Fed event via travel arrangements that have been made by Fed staff (i.e. when a youth travels to the lower mainland for a Youth Retreat).

The Fed is responsible for the safety of the youth participant:

- During the event,
- When they are at the Fed office prior to or following the event, and/or
- When they are in a vehicle with a staff member or adult support volunteer who has picked them up or is dropping them off (this includes any travel from the Fed office to the event if the event is off-site)

The Fed is not responsible for the safety of the youth participant:

- When the youth is travelling without an adult support via travel arrangements made by Fed staff

If the youth participant is 18 or under they or their guardian is not comfortable with them travelling without an adult support, the youth or guardian may need to make their own travel arrangements, or attend the event with their own adult support, who would need to fill out an Adult Support Event Registration form to attend.

While we are not responsible for the safety of youth participants travelling without an adult support, we will work to make the youth's travel experience as comfortable as possible, by providing all necessary travel documents before the trip, being available to answer any questions before and during the trip, and doing our best to provide rides to and from travel hubs (airports, bus stations, ferry terminals, etc.) when necessary.

By signing below, the youth participant (and guardian if the youth is 18 and under), agrees that:

- They are responsible for the youth's safety while they are travelling without an adult support,
- The youth will use the travel that has been booked for them
- The youth or guardian will not be reimbursed for any additional travel they book themselves if they miss the travel the Fed has already arranged (exceptions can be made)

YOUTH SIGNATURE

DATE

GUARDIAN SIGNATURE

DATE

Please contact us if you have any questions about this agreement.

Federation of BC Youth in Care Networks Event Medication Policy

For the safety of all youth attending a Fed event, we require that participants turn over their medication to the designated adult support or staff member (youth will be told who will hold their medication at the event). The medication staff will hold all youth participants' medication in a locked bag and will make it available for participants as they need it. This includes all prescription and non-prescription (Tylenol, Advil, Midol, Gravol, etc.) medications. All medications must be their original packaging or blister packs. Prescription medications must have a label with the youth's name and dosage. The only medication youth do not need to turn in is birth control.

Youth participants are responsible for ensuring they take their medication at the prescribed time and dosage. They will receive one reminder from the medication staff. Medications will be made available whenever they are needed.

Please note that Fed staff cannot provide any non-prescription medications (Tylenol, Gravol, etc.) to youth, although youth may bring their own, give it to the medication staff for safekeeping, and access it as needed.

Youth Aged 14-18

I, _____ (guardian), understand that the Federation of BC Youth in Care Network cannot be responsible for monitoring either over the counter or prescribed medication and agree that _____ (youth) is responsible for managing their own medication.

I, _____ (guardian), understand that a Federation of BC Youth in Care Networks designated person will hold all medication in a locked container and will provide access to it for the youth as needed.

I, _____ (guardian), understand that it is the youth's responsibility to take their medication on time as prescribed and that they will only be reminded once by the adult support holding the locked med bag.

If the youth is currently taking medication do they understand how their condition will be affected should they stop taking medication without a doctors instructions: YES NO

YOUTH SIGNATURE _____ DATE SIGNED _____

GUARDIAN SIGNATRURE _____ DATE SIGNED _____



Youth Aged 19-24

I, _____, understand that the Federation of BC Youth in Care Network cannot be responsible for monitoring over the counter or prescribed medication and agree that I am responsible for managing my own medication.

I, _____, understand that a Federation of BC Youth in Care Networks adult support will hold the medication in a locked bag and will provide access to it as needed.

I, _____, understand that it is my responsibility to take my medication on time as prescribed and that I will only be reminded once by the adult support holding the locked med bag.

I understand how my condition will be affected if I were to stop taking medication without a doctors instructions: YES NO

YOUTH SIGNATURE _____ DATE SIGNED _____



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VALUES CODE

The Fed Values Code is an evolving document that is a collection of values that all youth members, participants, staff and adult supports are accountable to when attending or participating in Fed-run programs, events, outings, and social media. Disregard for the Values Code will have consequences that may include removal from an event or activity and future events or activities. The Fed staff are committed to ensuring that Fed events are safe and comfortable for all youth to participate in.



THE FED VALUES

Acceptance & Tolerance

Accept people for who and what they are and their experiences. Recognize that even if we disagree, we can still have positive and meaningful connections.



THE FED VALUES

Honesty

Lying and stealing create an adverse and unsafe environment. Please help maintain the positivity of Fed events by employing honesty. Always feel free to express your honest opinions or concerns.



THE FED VALUES

Respect for the Shared Space & Land We Use

The Fed acknowledges that many of our events take place on unceded territories in BC. We will honor the land we use by leaving it as we found it, and respecting others that use the space.

Icons designed by JT and Liana K.



THE FED VALUES

Kindness & Consideration

Respect inclusive and preferred pronouns and avoid the use of derogatory language. Express yourself with respectful words. Hate speech, offensive language and discrimination of any kind (gender, race, sexuality, age, religion, ability, size, etc.) is not tolerated and will result in one warning, followed by removal from the Fed event or space if the behaviour continues.

Examples of derogatory language include, "That's so gay" (offensive to the LGBTQ2S community), "You guys" (offensive to gender non-binary and gender non-conforming youth), "That's crazy" (offensive to those with mental health struggles), etc.



THE FED VALUES

Gratitude

If you appreciate someone for their words or actions, let them know!



THE FED VALUES

Safety & Privacy

Fed events are safe spaces for all. Weapons and violent or aggressive words, actions or threats will not be tolerated. We respect everyone's right to privacy. Youth cannot enter rooms or cabins to which they are not assigned.



THE FED VALUES

Participation & Cooperation

While participating in a Fed event, engage in the ways you are able to, stay on site for the duration of the event, listen to staff and adult support instructions and ask for a break or space if you need it.



THE FED VALUES

Discretion

Respect the boundaries, privacy and personal space of others. Sexual contact is not appropriate while at Fed events. Physical contact and taking photos of someone can make them uncomfortable; let's minimize this by asking before touching each other and asking before taking photos.



THE FED VALUES

Spaces Free of Prohibited Substances

Leave alcohol and illicit drugs at home and sign in all medication to staff. Be mindful that there are folks in recovery, and they should not have to be worried about exposure and relapsing in this environment. Be mindful that there are underage youth at Fed events. The use of prohibited drugs or misuse of prescription drugs will result in immediate removal from the Fed event with a follow up meeting to decide participation in future Fed events. Please note that while attending Fed events, no members, alumni, staff, adult supports or board members can enter age exclusionary establishments like bars and clubs.

Examples of prohibited use or misuse are being in possession of marijuana/alcohol, dosage abuse, selling or sharing prescription medication, selling cigarettes, consuming energy drinks, etc.

CONFIDENTIAL

THE FED VALUES

Confidentiality

The Fed respects folks' confidentiality and consent. Be mindful when taking photos and sharing stories at Fed events. Not everyone consents to having their photos and/or stories shared publicly (i.e. social media). Our goal is to create an environment where youth feel empowered to share their stories without fear of it being shared without their consent.



THE FED VALUES

Unity

We come together to make connections and great memories. Make an effort to include everyone and empower one another to do our personal best. Be willing to meet people where they are at. Work to understand that our individual experiences and trauma impact us all differently.