



# YMCA Connections Program Participant Application Form

Protected B when completed  
Questions please call : (604) 316-3576

<b>For Office Use Only</b> ( to be filled out by YMCA staff and volunteers )					Participant # _____	<input type="checkbox"/> Dbase _____
<input type="checkbox"/> CFC	<input type="checkbox"/> CPP	<input type="checkbox"/> ECC	<input type="checkbox"/> SEE	<input type="checkbox"/> SHC	<input type="checkbox"/> Orientation Only	Received Date _____
Course Start Date _____					Location _____	1 <sup>st</sup> Day of Service _____
<input type="checkbox"/> * Postal Code Completed	<input type="checkbox"/> * Birth Date Verified	<input type="checkbox"/> * PR # Verified		Consent for CIC Future Research		<input type="checkbox"/> Yes <input type="checkbox"/> No
Info Verified by Volunteer _____				Date _____	Consent for YMCA Photo & Video <input type="checkbox"/> Yes <input type="checkbox"/> No	
Info Verified by Staff _____				Date _____	Admin Notes _____	

Please Complete the Application Form Below:



## Section A : Personal Information ( Please print clearly)

Family Name (on PR Card)				Given Name(s) (on PR Card)									
Preferred Name				Gender		<input type="checkbox"/> Female <input type="checkbox"/> Male							
Current Address													
City		Province		Postal Code *									
Phone number you can be reached at				Birth Date *		<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Day	Month	Year			
Day	Month	Year											
E-mail Address													
Country of Origin				Official Language Preference		<input type="checkbox"/> English <input type="checkbox"/> French							

**PR Card No. or Citizenship Card No.** (Select only one box below):

Permanent Resident:	
PR Client ID ( # on front of card 8 digits ) *	
Minister permit	
IMM ( 1 letter plus 9 digits )	
Naturalized Citizen :	





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## Section B : Additional Information

### 1. How long have you lived in Canada

<input type="checkbox"/> under 1 year	<input type="checkbox"/> over 1 year to 3 years	<input type="checkbox"/> over 3 years to 5 years
<input type="checkbox"/> over 5 years to 10 years	<input type="checkbox"/> over 10 years	

### 2. Please indicate the highest level of education you have completed (for individuals over 19 years of age)

<input type="checkbox"/> less than High School	<input type="checkbox"/> Post Secondary Diploma or degree
<input type="checkbox"/> High School diploma or recognized equivalent	<input type="checkbox"/> Post-graduate degree
<input type="checkbox"/> Trade Certificate or Apprenticeship Program	<input type="checkbox"/> Unknown

### 3. English level (Please '✓' only 1 box)

<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native Speaker
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### 4. Immigration Class (Naturalized Citizens only)

<input type="checkbox"/> Business Class	<input type="checkbox"/> Refugee: Government Assisted	<input type="checkbox"/> Provincial Nominee
<input type="checkbox"/> Canadian Experience	<input type="checkbox"/> Refugee: Privately sponsored	<input type="checkbox"/> Live-in Caregiver
<input type="checkbox"/> Family	<input type="checkbox"/> Refugee: Other	<input type="checkbox"/> Unknown
<input type="checkbox"/> Federal Skilled Worker		

### 5. How did you hear about us?

<input type="checkbox"/> Family/ Friend	<input type="checkbox"/> Immigrant consultant/lawyer	<input type="checkbox"/> Community Centre
<input type="checkbox"/> YMCA website	<input type="checkbox"/> In Canada Orientation	<input type="checkbox"/> Newspaper/public media
<input type="checkbox"/> Meetup website	<input type="checkbox"/> Government website/publication	<input type="checkbox"/> School
<input type="checkbox"/> YMCA Program flyer	<input type="checkbox"/> Settlement Service Provider	<input type="checkbox"/> Library
<input type="checkbox"/> Employer/coworke	<input type="checkbox"/> Ethnic/religeous organization	<input type="checkbox"/> Other

### 6. Name of organization or person who referred you \_\_\_\_\_





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## Section C : Privacy and Participation Agreement

I hereby confirm that I am over the age of 19 and certify the information provided in this application is true and factual; or, to the extent that I am under the age of 19, have had my parent or guardian review this application and consent on my behalf.

Print Name: \_\_\_\_\_

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

Print Name of Parent or Guardian (if applicable) : \_\_\_\_\_

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

**Please return your completed application to YMCA Connections Staff or**

**Return by mail:** \_\_\_\_\_ **Email:** tara.cummings@gv.ymca.ca  
YMCA Connections Programs  
Chilliwack Neighbourhood Learning Centre  
46361 Yale Road, Chilliwack, BC V2P 2P8

### Important Information About Your Privacy

The YMCA of Greater Vancouver is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations.

For more information on the YMCA's commitment to privacy, please visit our web site at [www.vanymca.org](http://www.vanymca.org)





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## Photo and Video Consent, Assignment and Release Form

**PURPOSES:** For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

**By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.**

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be used by the YMCA in connection with the Purposes**, whether on the YMCA's internet web site, in YMCA printed materials, or in any other medium (the "Work Product"). I confirm that the YMCA shall not be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or moral, that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. Photos and/or video recordings will not be sold to third parties and will not be used by third parties except in cases where a third party has been contracted by the YMCA to create the Work Product.

**I agree that I will not bring or consent to others bringing a claim or action against the YMCA** on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs**, its officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of 18 and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of 18, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

**By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand this Form.**

Accept

Decline

Print Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address : \_\_\_\_\_  
(if different from current address)

\_\_\_\_\_  
Signature of Participant  
Date \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian, if applicable  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
Date \_\_\_\_\_

