



Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh

110-3010 Gladwin Rd, Abbotsford, BC, V2T 0H5
Telephone: (604) 855-3328 Fax: (604) 855-3361



Visions and Voices Leadership Program

Application Form

Completed Forms can be sent to VisionsandVoices@Xyolhemeylh.bc.ca or dropped of at your local FVACFSS Office

Participant Information

NAME (FIRST AND LAST):		PHONE NUMBER:	AGE:	GENDER PRONOUNS:
ADDRESS:		CITY:	EMAIL:	
ALLERGIES/MEDICAL CONCERNS:				
<input type="checkbox"/> In Care <input type="checkbox"/> Previously In care		SOCIAL WORKER NAME:		
Why are you interested in joining the Visions and Voices Leadership program?				
Do you prefer to meet in: <input type="checkbox"/> Chilliwack <input type="checkbox"/> Abbotsford <input type="checkbox"/> Can meet at Both				
Transportation is very limited and not guaranteed, providing your own transportation is very appreciated. Meetings will be once a month. Do you require transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Info/Comments:				

Emergency Contact Info

NAME:	PHONE NUMBER:	EMAIL:
ADDRESS:	RELATIONSHIP TO PARTICIPANT:	

Waiver/Release:

-I agree that I will follow all reasonable instructions and directions of the staff duly appointed by Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh in connection with the operation of the above named program.

-I hereby release, remise and forever discharge the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh.

-In the event that I am injured, ill or in need of medical attention, I authorize the Fraser Valley Children and Family Services Society-Xyolhemeylh staff to seek medical attention on my behalf.

Signature: _____ **Date:** _____



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Visions and Voices Leadership Code of Conduct

This form must be signed and dated by the participant and is designed to help participants understand expectations of the program. Please read carefully, sign, date this form then return with the Application form.

I, _____ agree to abide by the following:

1. I will promote a positive, productive, and supportive environment for the group.
2. I will refrain from using foul and demeaning language, whether in public or among my group.
3. I will not smoke, use any alcohol or drugs other than medication prescribed to me by a doctor while at events or meetings. I understand this is a substance free program
4. I will try my best to participate in group discussions, event planning, and leadership activities.
5. I will not share confidential information of other youth in care or other confidential information that may be disclosed to me. If I have any questions or concerns, I know that I can ask a Xyolhemeylh staff or Visions and Voices staff member.
6. I understand that if I do not follow the Visions and Voices code of conduct I may be removed from the Leadership program

I _____, the participant, have read, understand, and

accept the above expectations of the Visions and Voices Leadership Program

Signature of Youth Registering _____

Date: _____