

## Are YOU ready to be a leader in your school and community?

You can support newcomer youth as they begin their life in Canada, by volunteering your time as a Peer Mentor in our summer orientation programs for newcomers in high school and/or junior high schools.

As a Peer Mentor, you can help newcomers feel less nervous about starting high school in Canada, and show them that moving to a new city or country can be exciting!

*You can support newcomers by:*

- ✓ Helping them make new friends
- ✓ Teaching them about school supplies, timetables, and extracurricular activities
- ✓ Inform them about school rules and expectations
- ✓ Talking to them so they can practice English and provide translation support

You will receive a full week of training to prepare you for your role as a Peer Mentor, and you will always have the support and guidance of our staff.

### **This is an amazing opportunity for you to:**

**BUILD YOUR LEADERSHIP SKILLS**

**GIVE BACK TO YOUR COMMUNITY**

**LEAVE A LASTING IMPACT**

**GET TO KNOW NEW PEOPLE**

Transportation will be provided for both **WIN** (junior high) & **NOW** (high school). WIN will have bussing to and from the location during the second week. We will provide bus tickets for you to get to and from the NOW session.

**TO APPLY:** Please fill out this form with your parent(s)/guardian(s) and return it to your Mentorship Youth Counsellor, or email a scanned copy to [mentorship@cbfy.ca](mailto:mentorship@cbfy.ca) **by June 28, 2019.**

Please note, you will be contacted for a brief phone interview.

# PEER MENTOR SUMMER APPLICATION FORM 2019



PARENT INFORMATION		
Guardian 1 Name:	Phone Number:	E-mail:
Guardian 2 Name:	Phone Number:	E-mail:
Address:	Postal Code:	
Emergency Contact Name (if different from above):	Phone Number:	

PARTICIPANT INFORMATION		
First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth (YYYY-MM-DD):	Current grade level:	School Name (if known):
Immigration Status: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student <input type="checkbox"/> Other		
<p><i>*The Permanent Residence Number or Client ID Number (UCI) is an <b>eight (8) or ten (10) digit number listed on your Permanent Resident Card or landing papers. This number is only used for registration tracking purposes, and will be kept confidential.</b></i></p>		
Permanent Residence Number (UCI):		
Country of Birth:	Date of Arrival in Canada:	Family Language(s):

PARTICIPANT HEALTH & MEDICAL INFORMATION	
Alberta Healthcare Number:	Food Restrictions:
<p>Allergies: Medical Concerns: Does your child have difficulty with the following? (Please check all that apply)</p> <p> <input type="checkbox"/> Hearing                      <input type="checkbox"/> Talking                      <input type="checkbox"/> Concentrating                      <input type="checkbox"/> Climbing stairs  <input type="checkbox"/> Seeing                      <input type="checkbox"/> Learning                      <input type="checkbox"/> Walking                      <input type="checkbox"/> Bending  <input type="checkbox"/> <b>No, my child does not have difficulty with any of the above</b> </p>	
<b>If yes, please provide details:</b>	

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Does a physical condition, mental condition, and/or health problem reduce the amount or the kind of activity your child can do?

- Yes, sometimes     Yes, often     No

If yes, please provide details:

## TRANSPORTATION & PICK UP INFORMATION

How will your child get TO and FROM the program location? Please select ONE option:

- WALK or TAKE PUBLIC TRANSIT ALONE

*Will your child require public transit tickets (free of charge)?*     Yes     No

- BE DROPPED OFF (9:00 AM) AND PICKED UP (3:00 PM) FROM BALMORAL SCHOOL and/or CRESCENT HEIGHTS HIGH SCHOOL

For safety reasons, please list ALL the individuals who may pick up your child:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\*\* Please ensure you can pick up your child on time. Staff are unable to stay back at the location after program ends \*\***

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## INFORMATION RELEASE & CONSENT TO FUTURE RESEARCH (OPTIONAL)

Dear Parent(s)/Guardian(s),

The Mentorship Program is funded by Immigration, Refugees and Citizenship Canada (IRCC); and in order to support your ongoing settlement needs, our funder asks for your permission to contact you in the future. Any information collected from you will be protected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP).

I hereby give consent for IRCC to obtain information to support research and obtain future funding for programs that serve newcomer families and youth in Canada.

Yes  No

## ACKNOWLEDGEMENT FOR PROGRAM RESEARCH PARTICIPATION

Part of participating in the Mentorship Program means your child will be invited to participate in surveys and focus groups. The purpose of this research is to evaluate our program and ensure we continue to offer excellent services to newcomer youth. All surveys and focus groups are confidential. This means that your child's name and/or identity will never be shared with anyone who views the survey results.

I have read and understand the information provided  Yes  No

## EMERGENCY ACKNOWLEDGEMENT

In case of an emergency or illness, we will make every effort to contact the parents/guardians. In the event that contact cannot be made, I agree that a qualified medical professional may attend to my child(ren).

I agree  I do not agree

## MEDIA RELEASE WAIVER

The Calgary Bridge Foundation for Youth may film, photograph, produce electronic images, and provide the opportunity for my child(ren) to participate in social media coverage (e.g. Facebook and Twitter) of our programs, or media interviews.

I agree  I do not agree

## FIELD TRIP AGREEMENT

I give permission for my child(ren) to participate in the WIN Summer Program Field Trip to Heritage Park on Friday, August 2, 2019 and/or the NOW Summer Program Field Trip to Heritage Park on Friday, August 16, 2019.

I agree  I do not agree

## PERMISSION TO CONTACT / SEND INFORMATION

I give consent for any staff member of the Mentorship Program to send me information about the program **via email** (in the form of individual or bulk messages), or on behalf of the Calgary Bridge Foundation for Youth.

Yes  No

## PROGRAM LIABILITY WAIVER

I give permission for my child(ren) to participate in Mentorship Program activities. I release the Calgary Bridge Foundation for Youth of any responsibility and/or liability, with respect to any on or off site program activities that may cause injury, loss or damage to the participant or their property.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# PEER MENTOR SUMMER APPLICATION FORM 2019



1. Please read all the information carefully
2. Check-off which session(s) you are interested in participating in
3. You can join both programs if it works for you!

## WIN

(Mentoring Junior High Students)

**TRAINING:** Tuesday, July 23 – Thursday, July 25

**PROGRAM:** Monday, July 29 – Friday, August 2

**TIME:** 9:00am to 3:00pm

**LOCATION:** Balmoral School (220 16 Avenue NW, Calgary)

PLEASE CHECK ONE:

YES

NO

## NOW

(High School Students)

**TRAINING:** Tuesday, August 6 – Friday, August 9

**PROGRAM:** Monday, August 12 – Friday, August 16

**TIME:** 9:00am to 3:00pm

**LOCATION:** James Fowler High School (4004 4 St. NW, Calgary)

PLEASE CHECK ONE:

YES

NO

# PEER MENTOR SUMMER APPLICATION FORM 2019



Please answer the following questions:

Why do you want to be a Peer Mentor for the Mentorship Summer Program?

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Name 2 of your strengths (especially those that will be beneficial for newcomer youth) **AND** 2 qualities or skills that you would like to improve upon.

Strengths:

1. \_\_\_\_\_
2. \_\_\_\_\_

Areas of Improvement:

1. \_\_\_\_\_
2. \_\_\_\_\_

What extracurricular activities or volunteering activities are you currently involved in? Do you have a job?

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What are some of your hobbies or interests?

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# PEER MENTOR SUMMER APPLICATION FORM 2019



## PHONE INTERVIEW AVAILABILITY

Please note, all Peer Mentor applicants will be contacted for a brief phone interview. Please check the weekday(s) and time(s) when you are available to speak to a Youth Counsellor over the phone.

Weekdays Available
<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday

Time of Day
<input type="checkbox"/> 9:00-10:00am
<input type="checkbox"/> 10:00-11:00am
<input type="checkbox"/> 12:00-1:00pm
<input type="checkbox"/> 1:00-2:00pm
<input type="checkbox"/> 2:00-3:00pm
<input type="checkbox"/> 3:00-5:00pm
<input type="checkbox"/> 5:00-6:00pm

## REFERENCE

Please provide the contact information for one reference to support your application.

<b>Name:</b>	
<b>How do you know them?</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

FOR INTERNAL USE ONLY	
Follow-up phone call completed (staff to indicate date phone call was made and who they spoke to)	
Name of staff who completed phone call	
Did youth confirm their attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	