



KIDZ B.A.P. REVIEW TEAM VOLUNTEER

Application Form

A proud program of Child and Youth Friendly Calgary

Thank you for your interest in the Business Accreditation Program Team! Please fill out all areas carefully and thoughtfully. Be sure to have all signatures on the back completed. The best way to get involved year-round is by checking out our web site at www.childfriendly.ca

Completed forms can be returned to:

Evie Eshpeter
Program Coordinator
Child and Youth Friendly Calgary
Suite 820, 1202 Centre Street SE, T2G 5A5
Phone: 266-5448 Fax: 264-0266 E-mail: evie@cyfc.ca



FAMILY NAME: _____

MAIN CONTACT (S): _____

CHILD (REN) FIRST NAME (S): _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ EMAIL ADDRESS: _____

PHONE: _____ ALTERNATE NUMBER: _____

TIME & DAY (S) OF WEEK: _____

PLEASE CHECK ALL AREAS THAT INTEREST YOUR FAMILY:

- | | |
|---|---|
| <input type="checkbox"/> Attractions | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> The Rockies |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Resources | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Family Shopping | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Other |

SPECIAL SKILLS & INTERESTS:

- | | |
|---|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Play sports: _____ |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Science |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Speak / Write more than one language: _____ |
| <input type="checkbox"/> Computers (describe below) | <input type="checkbox"/> Special Crafts / Projects _____ |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Theatre/Drama |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Working with animals |
| <input type="checkbox"/> History | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Play a musical instrument: _____ | |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HOW DID YOUR FAMILY HEAR ABOUT THE KIDZ B.A.P. TEAM VOLUNTEER POSTION? _____



HAS YOUR FAMILIY VOLUNTEERED BEFORE? IF SO, PLEASE DESCRIBE. _____



WHAT ARE SOME OF THE REASONS WHY YOUR FAMILY WOULD LIKE TO VOLUNTEER FOR THE KIDZ BUSINESS ACCREDITATION PROGRAM?



We (I) understand that there are three pages to this application. We (I) have read and completed this application in its entirety. We/I agree to abide by the standards of the Business Accreditation Program, and of Child Friendly Calgary Society (also known as Child and Youth Friendly Calgary), the sponsoring agency of the Business Accreditation Program. We/I agree to fulfill training requirements and volunteer responsibilities to the best of my ability. **If for any reason We/I am unable to carry out my responsibilities while volunteering for Business Accreditation Program, We/I will notify the Program Coordinator prior to the event.**

Family Contact Signature _____ Date: _____

Family Contact Signature _____ Date: _____

Dear Parent/ Guardian:

In order to become a member of the Business Accreditation Program Team, and to participate in visits and activities, youth volunteers must have your written permission. Please fill out the information below, sign and return it to the Child and Youth Friendly Calgary office. Thank you for your help.

Medical care authorization - At any time due to such circumstances as accident or sudden illness We/I hereby give permission for emergency medical treatment to be obtained for my child or myself. We/I understand that a representative of the Business Accreditation Program Team or Child and Youth Friendly Calgary will call me prior to leaving or upon arrival at the emergency destination, and that We/I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

Disclaimer – We/I understand that you as a parent/guardian along with a Child and Youth Friendly Calgary staff will accompany you on accreditation visits. We/I also understand that the visits will involve the normal level of risk associated with such an activity. We/I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child or myself in the Business Accreditation program, and agree to indemnify Child and Youth Friendly Calgary and its employees or representatives from any such claims. In the event that my child or myself is photographed or video taped for publicity purposes while participating in a Business Accreditation Program project, the picture or video may be used by the Business Accreditation Program or any of its sponsoring agencies for promotional material.

Parent's/Guardian's Responsibility – We/I will inform the supervisor of any particular physical, mental, social, or other condition of my child or myself of which the supervisor should be aware.

Please fill out the following information:

1) Name: _____

List special medical problems, allergies, etc. _____

Up to date immunization, tetanus, etc. (child/youth only) YES NO

2) Name: _____

List special medical problems, allergies, etc. _____

Up to date immunization, tetanus, etc. (child/youth only) YES NO

3) Name: _____

List special medical problems, allergies, etc. _____

Up to date immunization, tetanus, etc. (child/youth only) YES NO

4) Name: _____

List special medical problems, allergies, etc. _____

Up to date immunization, tetanus, etc. (child/youth only) YES NO

5) Name: _____

List special medical problems, allergies, etc. _____

Up to date immunization, tetanus, etc. (child/youth only) YES NO

Family Physician _____ Phone: _____

Emergency Contact's name: (for your family) _____

Relationship: _____ Phone: _____

We/I have read and understand the above statements:

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____