



**PICS**

[www.pics.bc.ca](http://www.pics.bc.ca)

Free Support  
to Live & Work  
in British Columbia



**INTERCULTURAL YOUTH**  
MICROGRANTS SERVICE CORPS

# YOUTH SERVICE CORPS INTAKE FORMS

Creating a better tomorrow, together!

JOIN OUR **FREE** PROGRAMS!



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**CANADA**  
SERVICE  
CORPS

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**Canada**

## REGISTRATION FORM

ALL INFORMATION IS MANDATORY.



### PERSONAL INFORMATION

First Name :  Last Name :

Status in Canada: ☐ Canadian Citizen ☐ Permanent Residence ☐ Refugee ☐ Other

Place Of Birth :  Date Of Birth :        
D D M M Y Y

Full Address :

Province :  Postal Code :

City :  Country :

Gender : ☐ Male ☐ Female ☐ Preferred Not to say ☐ Other \_\_\_\_\_

Status : ☐ Single ☐ Married ☐ Other \_\_\_\_\_

Education Level : ☐ High School ☐ Secondary ☐ Post-Secondary ☐ Trades Training  
☐ Diploma ☐ Degree ☐ Masters ☐ Other \_\_\_\_\_

### ADDITIONAL INFORMATION [PLEASE SELECT FROM THE FOLLOWING, IF APPLIES]

☐ Indigenous (First Nation, Metis, Inuit [ If yes: \_\_\_\_\_ ] ☐ Person With Disabilities

☐ Visible Minority or Racialized Groups (South Asian, Chinese, Arab etc.) [If Yes: \_\_\_\_\_]

☐ Official Language Minority Community ☐ Refugee ☐ New Immigrant (Within last 5 years) ☐ 2SLGBTQ+

☐ Person with Multiple Barriers ☐ Identified as low-income Household (Less than \$20k a year) ☐ Substance addiction

### CONTACT INFORMATION

E-Mail :

Phone Number :

**More Information :** 12725 80th AVE #205, Surrey BC, V3W 3A6  
+1(604) 596 7722 (Office) / EXT 303  
IYMSCORPS@PICS.BC.CA  
youthservicecorps.ca

\_\_\_\_\_  
Client Signature

## EMERGENCY CONTACT INFORMATION



### EMERGENCY CONTACT INFORMATION

#### EMERGENCY CONTACT INFORMATION #1

First Name :  Last Name :   
E-Mail :   
Phone Number :   
Relation to Participant :

\_\_\_\_\_  
Client Signature

#### EMERGENCY CONTACT INFORMATION #2

First Name :  Last Name :   
E-Mail :   
Phone Number :   
Relation to Participant :

\_\_\_\_\_  
Client Signature

### IF UNDER THE AGE 19, PLEASE PROVIDE THE FOLLOWING

Parent/Guardian First Name :   
Parent/Guardian Last Name :

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

#### DECLARATION :

1. I \_\_\_\_\_ declare that the information provided in the form is accurate and complete to the best of my knowledge. I am assured and understand that unless statutory obligations require otherwise, the information in the completed form will not be used without my consent for any purpose other than in relation to my registration with the Intercultural Youth Microgrants Service Corps Program (IYMS Corps), associated organization and authorities.

\_\_\_\_\_  
Client Signature  
Date :        
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\_\_\_\_\_  
Staff's Signature  
Date :        
D D M M Y Y



## CLIENT CONSENT FORM



I, \_\_\_\_\_  
(PRINT NAME IN FULL)

1. Have received an explanation about the service to be provided to me and about my rights and responsibilities as a client of PICS (Progressive Intercultural Community Services Society), Intercultural Youth Microgrants Service Corps Program (IYMS Corps)

### 2. Understand that:

- I have the right to refuse the service or withdraw my consent to service at any time
- The information obtained during the course of service is privileged and confidential. The information may not be released, disclosed, or exchanged without my written consent except in the following situations:
  - I. When it is necessary to pass the information to other agencies for volunteering opportunities and to follow up regarding the progress during the project*
  - II. When it is required by the Federal and/or Provincial Government to confirm my eligibility to available services of the project*
  - III. When it is required by law or by order of the court and*
  - IV. When there is reasonable ground to believe that such release will prevent me from harming myself or other people, being harmed*

3. I have the right to access the information contained in my file on request

4. I provide consent to share my written and video testimonials on the social media platforms of the project

5. This authorization will automatically be cancelled when the file is closed by the PICS, Intercultural Youth Microgrants Services Corps (IYMS Corps), or authorization is withdrawn by the client

6. I provide consent that my information can be shared in the ODIW & PCIW

I hereby give my consent to PICS, Intercultural Youth Micro-grants Service Corps Program (IYMS Corps), to provide the service and authorize them to disclose and exchange information as outlined above.

**All volunteers under the age of 19 must have parental/ guardian consent to volunteer. They must accept the responsibility for their child's/dependent's safety and security and personally undertake to have their child/dependent act responsibly and safely and adhere to the volunteer code of conduct.**

\_\_\_\_\_  
Parent/Legal Guardian  
Date :        
D D M M Y Y

\_\_\_\_\_  
Client Signature  
Date :        
D D M M Y Y

\_\_\_\_\_  
Staff's Signature  
Date :        
D D M M Y Y

## CLIENT ASSESSMENT FORM

ALL INFORMATION IS MANDATORY.



First Name :  Last Name :

Client Number :  \*Do Not Fill (For Staff Only)\*

E-Mail :

Phone Number :

Language Spoken : ☐ English ☐ French ☐ Other :

### EMPLOYMENT INFORMATION:

Please Indicate Your Employment Status : ☐ Employed ☐ Unemployed

If Employed, please provide the information : ☐ Full-time ☐ Part-time ☐ Casual

Organization Name :

Position :

Number of Hours Per Week :

### VOLUNTEER NEEDS ASSESSMENT

First Time Volunteer ? : ☐ YES ☐ NO

How Long Do You Want to Volunteer For ? : ☐ One-Time ☐ Ongoing ☐ Short-Term

How Do You Want to Volunteer ? : ☐ Individual ☐ Group

Skills you want to Develop : ☐ Leadership ☐ Finance ☐ Organizational  
☐ Interpersonal ☐ Creative ☐ Communication

During Your Volunteering Journey, Which Community you would like to create project for?  
Please Select All That Applies:

<input type="checkbox"/> Youth	<input type="checkbox"/> Seniors	<input type="checkbox"/> Indigenous People	<input type="checkbox"/> Religious Community
<input type="checkbox"/> Immigrants	<input type="checkbox"/> Children	<input type="checkbox"/> 2SLGBTQ+	<input type="checkbox"/> People with Disability
<input type="checkbox"/> Refugees	<input type="checkbox"/> Women	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Homeless & Homeless Youth

## CLIENT ASSESSMENT FORM

ALL INFORMATION IS MANDATORY.



### VOLUNTEER NEEDS ASSESSMENT

What Theme/Themes Do You Want Your Project to Address?

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Civic and Democratic Engagement | <input type="checkbox"/> Environment | <input type="checkbox"/> Youth Identified Potential New Themes |   |
| <input type="checkbox"/> Building an Inclusive Canada    | <input type="checkbox"/> Innovation  | <input type="checkbox"/> Reconciliation                        | <input type="checkbox"/> Youth Resilience |

What SDG/SDG's Do You Want Your Project To Address?

- |   |   |
|---|---|
| <input type="checkbox"/> Goal 1: No Poverty                               | <input type="checkbox"/> Goal 10: Reduced Inequalities                    |
| <input type="checkbox"/> Goal 2: Zero Hunger                              | <input type="checkbox"/> Goal 11: Sustainable Cities and Communities      |
| <input type="checkbox"/> Goal 3: Good Health & Well-Being                 | <input type="checkbox"/> Goal 12: Responsible Consumption and Production  |
| <input type="checkbox"/> Goal 4: Quality Education                        | <input type="checkbox"/> Goal 13: Climate Action                          |
| <input type="checkbox"/> Goal 5: Gender Equality                          | <input type="checkbox"/> Goal 14: Life Below Water                        |
| <input type="checkbox"/> Goal 6: Clean Water & Sanitation                 | <input type="checkbox"/> Goal 15: Life on Land                            |
| <input type="checkbox"/> Goal 7: Affordable and Clean Energy              | <input type="checkbox"/> Goal 16: Peace, Justice, and Strong Institutions |
| <input type="checkbox"/> Goal 8: Decent Work and Economic Growth          | <input type="checkbox"/> Goal 17: Partnerships for the Goals              |
| <input type="checkbox"/> Goal 9: Industry, Innovation, and Infrastructure |   |

Describe in details if you there is any issues that you would like to address your community ?

Client Signature

Date :        
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Staff's Signature

Date :        
D D M M Y Y

# INTERCULTURAL YOUTH MICROGRANTS SERVICE CORPS PROMOTIONAL MEDIA CONSENT FORM



## CONSENT FOR PARTICIPANTS 19 YEARS AND ABOVE

I \_\_\_\_\_ (Full Name) Authorize PICS to use the following for Intercultural Youth Microgrants Service Corps Program (IYMSCorps) promotional purpose(s):

Name : ☐ YES ☐ No

Pictures / Videos : ☐ YES ☐ No

Success Story : ☐ YES ☐ No

Social Media Tags : ☐ YES ☐ No

Full Name : \_\_\_\_\_

\_\_\_\_\_  
Client Signature

Date : ☐ ☐ ☐ ☐ ☐ ☐  
D D M M Y Y

## CONSENT FOR PARTICIPANTS UNDER 19 YEARS

I certify that I/we, as parent(s)/guardian(s) with legal responsibility for this participant, consent and agree to share the above information for promotional purposes.

Name : ☐ YES ☐ No

Pictures / Videos : ☐ YES ☐ No

Success Story : ☐ YES ☐ No

Social Media Tags : ☐ YES ☐ No

Parent/Legal Guardian Full Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian

Date : ☐ ☐ ☐ ☐ ☐ ☐  
D D M M Y Y

\_\_\_\_\_  
Client Signature

Date : ☐ ☐ ☐ ☐ ☐ ☐  
D D M M Y Y

\_\_\_\_\_  
Staff's Signature

Date : ☐ ☐ ☐ ☐ ☐ ☐  
D D M M Y Y

## PROJECT AGREEMENT FORM



First Name :  Last Name :

Client Number :  \*Do Not Fill Out (For Staff Only)\*

We are very pleased that you have been accepted into the INTERCULTURAL YOUTH MICROGRANTS SERVICE CORPS PROGRAM (IYMS Corps) which will start on  and will end on .

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**We welcome you to the Progressive Intercultural Community Services (PICS) Society. Our mission is to assist you in providing skills training, gain valuable experience, identify your educational needs, build a resume, create community connections and develop your dream career. As well, we expect the following things from you during your time with us:**

### 1. PARKING

Regular participants are required to park their cars at the designated PICS parking spot. Parking in spaces allotted to other businesses/agencies is against the policies of our Society as well as against the by-laws of the Strata Council.

### 2. TELEPHONE

In case of an emergency, please ask PICS Program Staff and a telephone will be made available to you. Please keep your calls brief.

### 3. CONDUCT AND MUTUAL RESPECT

All clients and staff of the organization have a right to expect an environment which is safe and free from abuse. *Abuse is defined as an action or behaviour by any person which may result in physical, emotional or mental harm to another person.* Both participants and staff are expected to conduct themselves in an appropriate manner and to maintain a high degree of mutual respect and dignity towards others both in times of virtual and in person meeting as well as during training sessions. Any participant disrupting classes will be spoken to and asked to leave if the behaviour continues. If someone has a grievance against another person (whoever the person may be), contact the program coordinator or other PICS officials as the situation warrants. Your grievance will be dealt with efficiently and fairly.

### 4. REFERENCES & CERTIFICATION

The criteria for references and certificates to be provided to the participants will be dependent upon their project completion. The program will provide these references and certificates to be used in the future.



### 5. BENEFITS

All benefits provided to the participants of the program such as travel expenses, will be available on the condition that the volunteering hours have been met; these perks will be available from the date of enrollment and up until the date of project completion.

### 9. MICROGRANTS

Participants who choose a \$1000, \$2500 or \$3000 microgrant projects would need to initially spend their own money. Participants will only be reimbursed upon submission of detailed invoices which will be reviewed and reimbursed in the form of a cheque or direct deposit within 14 business days.

### 10. RE-IMBURSEMENT & INVOICES POLICY **\*\*Important\*\***

Participants will only be reimbursed upon submission of **detailed invoices** which will be reviewed and reimbursed in the form of a cheque or direct deposit within 2-3 weeks. We will not accept pictures of the invoices or order summary. To qualify to get the reimbursement, please provide us with the **Physical Invoices in-person or by mailing it out to our location**. If you do want to provide us a digital copy of the invoices please send it as scanned PDF document with proper details. Failure to follow any instruction above might not qualify you for the reimbursement and payment will be going through your own pocket for the project. **All expenses must be approved before purchasing. Unapproved purchases will not be reimbursed and participant will have to burden the costs themselves.**

Client Signature

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Staff's Signature

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

## PROJECT AGREEMENT FORM



### DISPUTE RESOLUTION PROCESS

**All disputes or grievances should be reported to the Youth Micro-Grant Advisor, or the Program Manager if the situation warrants. All grievances will be dealt with efficiently and fairly through a mediation process.**

- If mediation of the dispute fails to reach a satisfactory result, the Supervisor will render a decision. Following a review of the information obtained, a decision will be made regarding the appropriate response.
- If the dispute is not resolved orally, as described above, the participant may present a written complaint, within 14 calendar days of the oral response, to the Program Manager, describing the nature of the dispute and the circumstances from which it arose. The Program Manager will meet with those involved and shall reply in writing to the dispute within 14 days of receiving the complaint.
- The participant may request a meeting to appeal the Program Manager's decision to the Executive Director within 15 calendar days after its receipt. With 15 days of receiving the grievance, the Executive Director shall meet with the Program Manager and the participant to discuss the facts and the nature of the dispute and will issue a final decision resolving the dispute. The Executive Director shall respond within 15 calendar days after the meeting.
- **ALL DISPUTES WILL BE RECORDED AND KEPT BY PICS FOR 6 YEARS**, including copies of all documentation.

### DISMISSAL POLICY

As PICS strives to be very democratic and fair, warnings will be issued except in the most serious cases. A participant who has been terminated or received a dismissal notice has the right to appeal the decision to the Program Coordinator or the Program Manager.

A participant may be dismissed or terminated from the course for various reasons, including, but not limited to, the following:

- **Breaking the general rules of the Society.**
- **Unacceptable or unethical conduct.**
- **Continued disruptive behaviour.**
- **Any other act or absence of act required under the Society rules.**

**I understand and agree with all the above noted terms and conditions.**

Client Signature

Date :        
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Staff's Signature

Date :        
D D M M Y Y

## PROJECT POLICIES



First Name :  Last Name :

Client Number :  *\*Do Not Fill Out (For Staff Only)\**

We are very pleased that you have been accepted into the INTERCULTURAL YOUTH MICROGRANTS SERVICE CORPS PROGRAM (IYMS Corps) which will start on  and will end on .

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### 1. REIMBURSEMENT

- The deadline to submit receipts/invoices for reimbursement is 1 week after the project has ended. If costs occurred are not submitted on time the participant will have to burden the cost of the project themselves and PICS will not be responsible
- Participants will receive their reimbursement within 2-3 weeks of submitting their invoices/receipts through cheque or direct deposit
- I would like to receive my reimbursement by: ☐ Cheque ☐ Direct Deposit *\*Mandatory\**

Cheque will be made out to :

***\*IF DIRECT DEPOSIT PLEASE ATTACH YOUR DIRECT DEPOSIT INFORMATION\****

### 2. INVOICES

- Physical invoices or PDF invoices need to be submitted to qualify for reimbursement as per PICS policy
- We will not be accepting pictures of invoices/receipts

### 3. PROJECT CRITERIA

- Project needs to be aligned with Program Themes
- All project expenses need to be approved before purchasing
- Project funding cannot be used for:
  - Starting your own business
  - Donation camps or funding projects or charitable reasons
  - Cannot purchase items that would not benefit the community
  - Cannot keep any of the purchases, anything project materials remaining at the end of the project need to be donated
  - Cannot claim gas expense
  - Cannot buy gift cards

### 4. Project Submission Criteria

- Briefly explain the purpose of the project
- Mention the goals and objectives of the project
- Need to submit pictures and videos of the project
- For each picture or video, include a title, date, location, description, context and outcome

5. Advance Payment

- All participants will be given the opportunity to receive an advance payment of 25% of their grant amount before purchasing their items if needed

Client Signature

Date : 

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Staff's Signature

Date : 

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