

HIP YOUTH-TO-YOUTH NATIONAL EXPERIENCE

2023 APPLICATION

APPLICATION INSTRUCTIONS

HIP is an equal opportunity organization; we do not discriminate based upon race, religion, color, national origin, gender, sexual orientation, gender identity, gender expression, age, status as an individual with a disability, or other applicable legally protected characteristics.

1. Please PRINT clearly. Applications that cannot be read will be rejected.
2. Be sure to answer every question – if you feel a question does not apply, answer “NA” for not applicable.
3. Send to the appropriate regional representative listed at the end of this application prior to January 20th.

I ACKNOWLEDGE

- ☐ I am a Canadian citizen who resides in Canada.
- ☐ I am between the age of 15 and 18 as of March 1, 2023.
- ☐ I am a student in good standing currently enrolled in a secondary school (Grade 9 – 12).
- ☐ that the submission of this application does not guarantee acceptance into the program. In the case of oversubscription, all applications will be reviewed and a final selection made by the organizing committee.

PERSONAL INFORMATION

All information you supply is protected according to the federal government's Privacy Act. Information collected is for the specific purpose of planning and delivering this Youth-to-Youth engagement event and will not be sold, rent or disclosed other than for the purpose of this event.

Last Name:		First Name:	
Nickname:		Pronouns:	
Birth Day:	Birth Month:	Birth Year:	
To which of the following groups did your ancestors belong? <ul style="list-style-type: none"><input type="checkbox"/> Turtle Island First Nation<input type="checkbox"/> Turtle Island Métis<input type="checkbox"/> Turtle Island Inuit<input type="checkbox"/> Europe (British, Scottish, Welsh, Irish, French, German, Dutch, Polish, Ukrainian, Hungarian, Danish, Swedish, Norwegian, Spanish, Italian, Portuguese, Greek, etc.)<input type="checkbox"/> Africa (Algerian, Egyptian, Moroccan, Ethiopian, Kenyan, Tanzanian, Angolan, Congolese, Cameroonian, South African, Namibian, Nigerian, Senegalese, Ghanaian, etc.)<input type="checkbox"/> Americas/Caribbean (Mexico, Puerto Rican, Cuban, Jamaican, Haitian, Latin America, etc.)<input type="checkbox"/> Asia (Chinese, Japanese, Korean, Taiwanese, Vietnamese, Cambodian, Filipino, Malaysian, Indonesian, Thai, Indian, Pakistani, Bengali, Sri-Lankan, Tamil, Armenian, Turkish, Arab, Russian, etc.)<input type="checkbox"/> Australia/Oceania (Australia, South Pacific Islander)			
Gender: <ul style="list-style-type: none"><input type="checkbox"/> Male<input type="checkbox"/> Female<input type="checkbox"/> Genderqueer/Non-binary<input type="checkbox"/> Two-Spirit<input type="checkbox"/> Prefer not to disclose at this time		What type of community do you live in? <ul style="list-style-type: none"><input type="checkbox"/> Rural<input type="checkbox"/> Urban<input type="checkbox"/> Suburban	
T-Shirt size: <ul style="list-style-type: none"><input type="checkbox"/> Small<input type="checkbox"/> Medium<input type="checkbox"/> Large<input type="checkbox"/> X-Large		Do you identify as someone with a visible or non-visible disability? <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No	

<input type="checkbox"/> XX-Large	
<p>Do you have a physical and/or mental/health condition that reduces the kind or amount of activities you can do or might require additional support or special accommodation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “Yes” please explain:</p>	
<p>Please list any required medicines, allergies and/or food sensitivities you may have:</p>	

CONTACT INFORMATION

Phone Number:		Email:	
Street Address:			
City:	Province:	Postal Code:	

PARENT or GUARDIAN INFORMATION

Father Name:	Emergency Phone:
Mother Name:	Emergency Phone:

EDUCATION BACKGROUND

School Name:	
<p>Current Grade:</p> <p><input type="checkbox"/> Nine (9) <input type="checkbox"/> Ten (10) <input type="checkbox"/> Eleven (11) <input type="checkbox"/> Twelve (12)</p>	<p>Career Interest:</p> <p><input type="checkbox"/> Environmental/Land-Based/Agriculture <input type="checkbox"/> Education <input type="checkbox"/> Healthcare <input type="checkbox"/> Politics/Government/International Relations <input type="checkbox"/> Other, please list: _____</p>
<p>Please list any school activities you are involved in (clubs, land-based, drumming, dancing, sports, etc.):</p>	
<p>Please list any community activities you are involved in (ceremonies, volunteering, etc.):</p>	

REFERENCE INFORMATION

Name:		
Phone Number:	Email:	
Relationship:		
Street Address:		
City:	Province:	Postal Code:

Please submit a short paragraph letting us know why you are interested in participating in this event. We will also accept a link to your multimedia submission (TikTok/Youtube video).

Why are you interested in participating?

This screening is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis, treatment, or legal advice. In the event of any conflict between this document and any applicable legislation, regulation, orders, or directives issued by the Minister of Health or the Chief Medical Officer of Health, the legislation, order or directive prevails.

<input type="checkbox"/>	Yes, I am aware that I will need to provide COVID screening information prior to participating in the in-person events.
<input type="checkbox"/>	Yes, I am fully vaccinated

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2023 RELEASE FORM

YOUTH PARTICIPANT

In consideration of the acceptance of my registration form. I certify that the information provided in this form is complete, true, and correct to the best of my knowledge. Furthermore, by participating in this program:

- I give HIP permission to photograph, videotape, audiotape, and film and to publish recordings in HIP publications including marketing and promotional material both now and in the future.
- I affirm that I am in good health and condition, having not recently been treated for nor am I aware of any condition that would prevent my participation in this engagement beyond what has been identified within this application.
- I have been fully vaccinated to the maximum permitted.
- I understand and, accept as my personal risk, the hazards of my participation in the program.
- I understand that infraction of any rules, regulations, and/or guidelines may result in being withdrawn from the program.

Signature of Youth	
Date:	

PARENTAL CONSENT

As _____ authorized parents/guardians, we hereby release and forever discharge Honoring Indigenous People (HIP), the Rotary Districts, participating Rotary Clubs, Rotary International, Turtle Lodge, Canadian Museum of Human Rights, Elders, Knowledge Keepers, their directors, employees, agents, and servants from any liability whatsoever arising as a result of my participation, and declare this release binding upon myself, my heirs, and administrators and assigns.

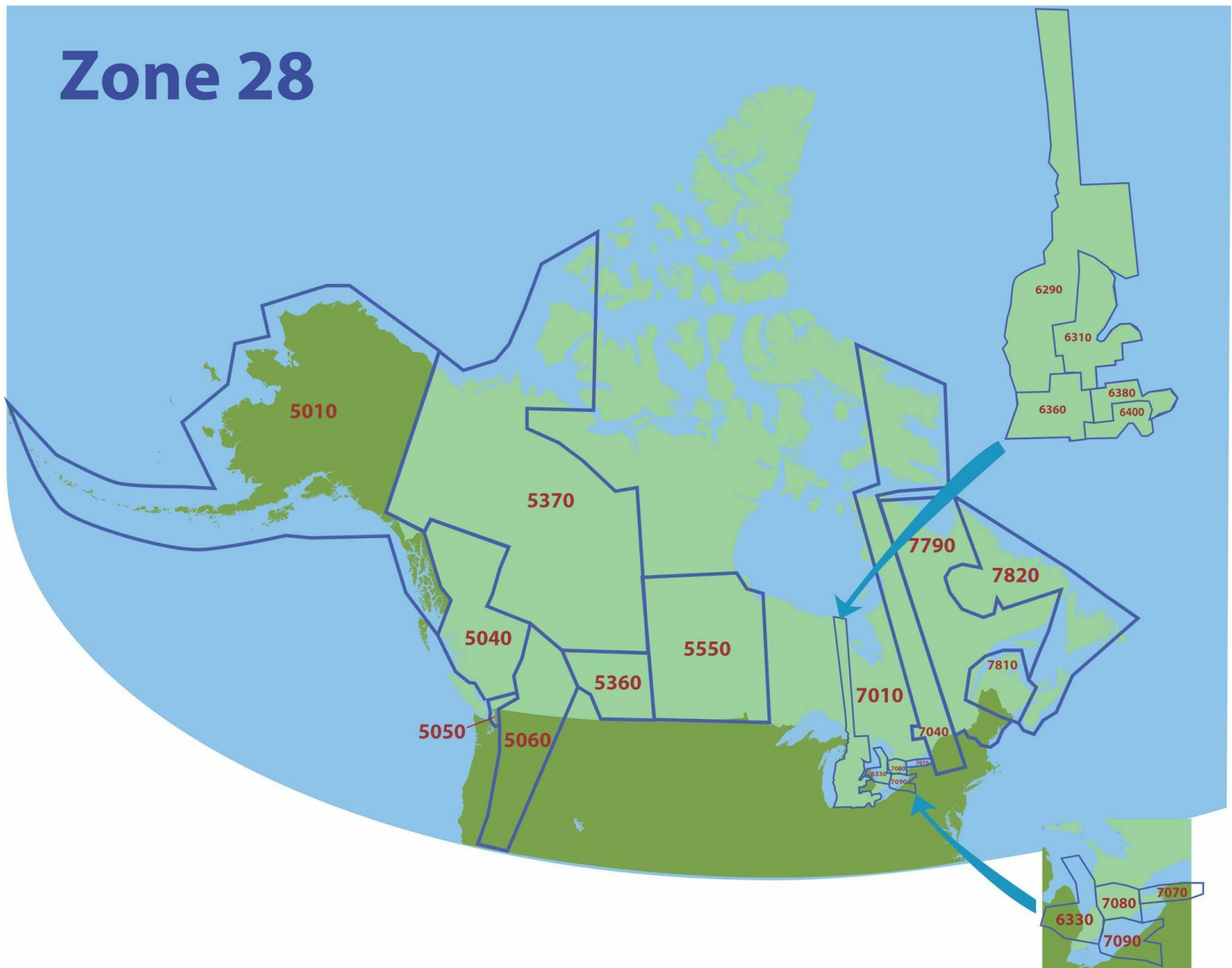
We agree that all photos, interviews or other media information collected during this program may be used by the organizers in promoting this and future events.

Parent/Guardian Signature	
Date:	

APPLICATION SUBMISSION

2023

Email your completed and signed application to the appropriate lead listed below for your region. Only applications received prior to the submission date will be considered.



Rotary District

EAST COAST (7810/7820)

QUEBEC/ONTARIO (7040)

NUNAVUT (7040)

ONTARIO (6290)

ONTARIO (6330)

ONTARIO (6400)

ONTARIO (7010)

ONTARIO (7070)

ONTARIO (7080)

ONTARIO (7090)

NW ONTARIO (5580)

District Coordinator/Lead

Harvey Bass

Rene Melchers

Rene Melchers

Nicole Patterson

Clay Melnike

Suzanne Grouette

Don Wakefeild

Bill Empey

John Lomax

Gary Flood

?

Email

harveybass59@gmail.com

rmelchers55@gmail.com

rmelchers55@gmail.com

nic.patterson@gmail.com

marketingminds@rogers.com

smgrouette@gmail.com

dwakefield@bell.net

empey@prismeconomics.com

lomax3414@gmail.com

flood.garry@gmail.com

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<i>MANITOBA/NW</i>	Al Hoeft	Al.Hoeft@salvationarmy.ca
<i>ONTARIO/SASKATCHEWAN (5550)</i>		
<i>ALBERTA (5360)</i>	Dan Doherty	dan@curvedistribution.com
<i>ALBERTA (5370)</i>	Jan Fox	Jan.Fox@reachedmonton.ca
<i>BRITISH COLUMBIA (5020)</i>	John Gustafson	john.g.rotary@gmail.com
<i>BRITISH COLUMBIA (5050)</i>	Linda Mross	lindamross10@gmail.com
<i>BRITISH COLUMBIA (5060)</i>	Barb Penner	barb.penner53@gmail.com
<i>BRITISH COLUMBIA (5040)</i>	Bob Blacker	bobbblacker@gmail.com
<i>YUKON (5370)</i>	Jan Fox	Jan.Fox@reachedmonton.ca
<i>NORTH WEST TERRITORIES (5370)</i>	Jan Fox	Jan.Fox@reachedmonton.ca