



# JUNIOR STAFF APPLICATION FORM

Career Trek Inc.  
9th Floor, 191 Lombard Avenue  
Winnipeg MB R3B 0X1

## PARTICIPANT INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: MM/DD/YYYY Age: \_\_\_\_\_

Gender:  Male  Female  \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My child identifies as a person:

- with a disability
- of a visible minority group
- of Indigenous ancestry
- that is a Newcomer to Canada. Country of birth: \_\_\_\_\_
- with Refugee status
- First Nations
- Inuit
- Metis
- Non-status

Does your child have a Social Insurance Number?  Yes  No

Birth Certificate?  Yes  No

There is an enrollment fee of \$25.00, please submit with completed form.

Cash  Cheque payable to Career Trek Inc.

Career Trek publishes a quarterly newsletter and issues occasional electronic information updates. Topics can include information on program changes, official events, organizational updates, employment information, volunteer opportunities, contests and more.

You can unsubscribe at any time.

Yes, keep me in the loop  No, I'm not interested

Email: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother  Father Primary contact:  Yes  No

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mother  Father Primary contact:  Yes  No

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal guardian Relationship to child: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Career Trek Inc. collects personal information for the purposes of communicating with parents/guardians, ensuring participant safety, and tracking program outcomes. We are committed to protecting your personal information.

**PARTICIPANTS WITH INCOMPLETE APPLICATION FORMS WILL NOT BE ENROLLED IN THE PROGRAM.**

Administration only: \_\_\_\_\_ Received: \_\_\_\_\_

## HEALTH INFORMATION

Family medical number (6 digit): \_\_\_\_\_

Child's medical number (9 digit): \_\_\_\_\_

My child has the following special medical needs:

- 1. Allergies
- 2. Dietary concerns
- 3. Asthma
- 4. Carries an autoinjector (EpiPen)
- 5. Carries an inhaler
- 6. Wears a MedicAlert bracelet
- 7. Had a disability
- 8. Has additional medical conditions. Please specify below.

Please provide Career Trek Inc. with the following: name and detail of the condition, symptoms of allergy, triggers of condition or allergy, management strategy, dosage requirements (if medication is required).

Emergency Contact - other than parents/guardians

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

## ACKNOWLEDGMENT OF RISKS AND WAIVERS

I understand that injuries can arise by accident from the very nature of Career Trek Inc.'s activities, and I hereby release and waive all rights to any claim or action against Career Trek Inc. arising from injury, loss, or damage to the child named in this application or to my child's property.

I acknowledge that it is my responsibility to ensure my child's safety before and after programming. I hereby release Career Trek Inc. from all liability for any harm or injury suffered by my child, however the harm or injury is caused.

I hereby authorize Career Trek Inc. to seek emergency medical assistance for my child if the parents/guardians or emergency contact cannot be contacted.

Career Trek Inc. photographs/interviews participants for administrative and promotional reasons.

The administrative reasons for photographing participants include health, safety, identification, and the production of graduation materials (yearbooks and graduation videos). I understand that photographs of my child may be taken and used for the administration reasons noted above.

The promotional reasons for photographing participants include: raising awareness of Career Trek through advertising and marketing activities (news stories, paid advertising and print materials).

I hereby authorize Career Trek Inc. and its designated partners to take, store, and use photographs/interviews of my child for promotional purposes.  Yes  No

Name of Participant: \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_