



Career Trek Program Application

Please ensure printing is legible. We also have a fillable pdf version of the Program Application Form, ask a staff!

Program Information

Region:	Program:	
<input type="checkbox"/> Winnipeg & Surrounding Area	<input type="checkbox"/> Wonder of Work	<input type="checkbox"/> Junior Staff Mentorship Program
<input checked="" type="checkbox"/> Brandon & Surrounding Area	<input type="checkbox"/> Your Future is Now	<input type="checkbox"/> Empowering Parents
<input type="checkbox"/> Thompson & Surrounding Area	<input type="checkbox"/> My Path Forward	<input type="checkbox"/> Summer Camp

Participant Information

Full Name:	School:	Grade:	Age:		
Preferred Name:	Pronouns:	Date of Birth: (dd/mm/yyyy)			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Other:
Participant Home Address: (city/town/community, Province & Postal Code)					
Affiliation with Youth Services:			<input type="checkbox"/> In care with Winnipeg CFS GA <input type="checkbox"/> In care with another CFS Agency		

Health Information

Registration Number (6-Digits):	PHIN Number (9-Digits):		
Has a copy of their Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a SIN#:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the Participant have:

<input type="checkbox"/> Asthma	<input type="checkbox"/> A Medical Alert Bracelet
<input type="checkbox"/> Carries an inhaler & can self-administer	<input type="checkbox"/> Allergies – *Please Specify below:
<input type="checkbox"/> Carries an EpiPen & can self-administer	<input type="checkbox"/> Dietary accommodations – *Please Specify below:
<input type="checkbox"/> Additional health concerns – *Please Specify below:	

Please provide us with the following details:

Description and detail(s) of the condition(s); symptoms, or triggers (if applicable), management strategy, medication requirements, food, and dietary accommodations.

Yes, I would you like to request an accommodation consultation to discuss specific needs, support options, or adjustments for program participation?

Demographic Information

Career Trek collects demographic and personal information for the purpose of ensuring the inclusion and safety of all participants, it helps us understand who is in our programs and is in alignment with results we need to report to our funders. We are committed and subscribed to the highest level of confidentiality and to protecting the privacy and personal information of all participants. All data that is reported is aggregated and will not identify individual participants or families. We appreciate your willingness to complete this section.

<input type="checkbox"/> First Nations	<input type="checkbox"/> Black
<input type="checkbox"/> Metis	<input type="checkbox"/> 2SLGBTQIA+
<input type="checkbox"/> Inuit	<input type="checkbox"/> Visible Minority/Person of Colour

<input type="checkbox"/> Person with a Disability
<input type="checkbox"/> White
<input type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to answer

Photo Consent

Career Trek takes pictures of participants at programming for administrative and promotional reasons.

The administrative reasons for taking pictures include health, safety, and identification.

I understand that pictures may be taken and used for **administrative reasons**, and I am providing consent for the participants to be photographed.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The promotional reasons for taking pictures of participants include raising awareness of Career Trek through advertising, marketing, and fundraising. This includes but is not limited to news stories, paid advertising, proposals, reports to funders, and print materials.

I understand that photographs may be taken for **promotional purposes**, and I am providing consent for the participant to be photographed.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Acknowledgment of Risks & Waivers

- ✓ **I understand** that accidents and injuries can happen as part of the programming and activities being provided by Career Trek. I hereby release and waive all rights to any claim or action against Career Trek arising from injury, loss, or damage to the participant while participating in the program.
- ✓ **I acknowledge** that it is the participant's responsibility to ensure their safety before and after programming by following the rules and expectations set out by Career Trek and its partners. I hereby release Career Trek from all liability for any harm or injury to the participant however the harm or injury is caused.
- ✓ **I hereby authorize** Career Trek to seek emergency medical assistance on the participant's behalf and to contact the emergency contacts if I cannot be reached.
- ✓ **I understand** that any alternate persons picking up the participant(s) needs to provide picture ID and must be 18 years or older. I understand that I must inform Career Trek staff in advance by telephone/email of the arrangements, or the participant will not be released.
- ✓ **I give consent** for the participant to participate in any off-site activity during the program. I understand that transportation to and from these activities will be provided by the First Student Bus Lines which will be under the supervision of Career Trek staff.

Parent/Guardian Information

Parent/Guardian Name:	Parent/Guardian Name:
Relation:	Relation:
Phone Number:	Phone Number:
Email:	Email:
Home address if different from participant: (city/town/community, Province & Postal Code)	Home address if different from participant: (city/town/community, Province & Postal Code)

Emergency Contact Information

Emergency Contact 1

Name:	Name:
Relation:	Relation:
Phone Number:	Phone Number:

Emergency Contact 2

Participant Sign-Out

At the end of a program session:

- Listed parent/guardian(s) will pick up participant(s)
- My child(ren) can leave on their own after the program session.
- My child(ren) can be picked up/dropped off by the following individual(s)
- I am aware that the individual(s) picking up my child(ren) will need to provide identification to Career Trek staff.

Please list the name and relationship to the participant all any/all individuals approved for drop off or pick up

Participant & Parent/Guardian Signatures

Parent/Guardian Name:

Parent/Guardian signature (if applicant is under the age of 18): 

- I would like to be added to the Career Trek newsletter on upcoming program and events

Participant Signature: 

Date (mm/dd/yyyy):

How did you hear about us?

- Word of mouth
- Social Media
- School/Teacher
- Flyer/Poster
- Website
- Advertisement

Thank you for filling out Career Trek's Program Application form. Upon completion, please submit the form to Morgan Seabrook at mseabrook@careertrek.ca. Morgan will follow up to confirm enrolment.