



**CONVERSATION CLUB**

**Youth Application Form**

NAME : \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*  
**SECTION A:** Please check off the columns that are true about you and fill in the blanks.

**Describe yourself:**

**Why would you like to join the Conversation Club?**

- I am talkative.
- I like to meet new people.
- I want to learn more about Canada.
- I have many friends.
- I enjoy \_\_\_\_\_.
- My hobbies are \_\_\_\_\_.

- Practice English Conversation.
- Develop presentation skills.
- Get help with homework.
- Build self-esteem and self confidence.
- Share experiences with other youth
- I can help others with their homework.
- I have at least a B (70%) average in school.

**The Conversation Club program is funded by Citizenship and Immigration Canada (CIC) for new Canadian youth. In order to evaluate the impact of the program CIC is tracking the legal status of all participants. Please note this information will only be shared with CIC and will NOT impact your participation in the program.**

Date of Arrival in Canada \_\_\_\_\_ Immigration Number \_\_\_\_\_

- Government Assisted Refugees
- Convention Refugees
- Family Class
- Independent
- Intent to Land

**MEDICAL CONCERNS THE AGENCY SHOULD BE AWARE OF** (Allergies, medication, etc):

\_\_\_\_\_

**CONVERSATION CLUB**

**PARENTAL CONSENT FORM**

I / We, (Parent/Guardian) \_\_\_\_\_

of \_\_\_\_\_ hereby consent to my/our child participating in the Big Brothers Big Sisters of Peel Conversation Club.

1. I/We support the policy of no contact between my child and the Team leader outside of the Conversation Club program parameters.

2. A Big Brothers Big Sisters Child Safety Training program can be offered to my child.

3. I / We, hereby release and forever discharge Big Brothers Big Sisters of Peel, Big Brothers Big Sisters of Canada, The Centre for Education and Training and their respective employees, directors, and volunteers thereof from any cause of action or claim for damages, whether for bodily injury, property damage or emotional trauma, anxiety or distress arising from the association of myself and my child with the Conversation Club.

4. I/We, give permission to Big Brothers Big Sisters of Peel, The Centre for Education and Training and Citizenship and Immigration Canada to share information with each other about myself and my child for the purpose of the Conversation Club program.

\_\_\_\_\_  
Signature of Legal Guardian/Parent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreted by

\_\_\_\_\_  
Signature and Date

Big Brothers Big Sisters of Peel respects your privacy and adheres to Ontario Privacy legislation (PIPEDA). The information provided will be used to determine program eligibility and to keep you informed and up-to-date on the activities of Big Brothers Big Sisters of Peel including programs, services, special events and opportunities to volunteer or donate. For further information about our information-handling practices, please see our privacy policy.