



5020/5040/5050/5060/5080/5360/
5370/5550/5580/6290/6330/6400/
7010/7040/7070/7080/7090/7790/
7815

HIP YOUTH-TO-YOUTH NATIONAL EXPERIENCE

2024 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 December 15th, 2023.

Please Note: While HIP is an equal opportunity organization, this event is designed specifically for Truth & Reconciliation in Canada as an ongoing process of establishing and maintaining respectful relationships between Indigenous and Non-Indigenous Canadian Citizens.

I ACKNOWLEDGE

- I am a Canadian Citizen or Canadian Permanent Resident who resides in Canada.
- I am between the age of 15 and 17 as of March 1, 2024.
- I am a student currently enrolled in a secondary school.
- 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?			
<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/Pacific Islanders (Mexico, Puerto Rican, Cuban, Jamaican, Haitian, Latin America, Hawaiian, 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)			

<p>Gender:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Genderqueer/Non-binary <input type="checkbox"/> 2SLGBTQI+ <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose at this time 	<p>What type of community do you live in?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban
<p>T-Shirt size:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large 	<p>Do you identify as someone with a visible or non-visible disability?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<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> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <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

Guardian/Parent 1 Name:	Emergency Phone:
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Guardian/Parent 2 Name:	Emergency Phone:
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EDUCATION BACKGROUND

School Name:	
Current Grade:	Interests:
<input type="checkbox"/> Nine (9) <input type="checkbox"/> Ten (10) <input type="checkbox"/> Eleven (11)	<input type="checkbox"/> Protecting the Environment <input type="checkbox"/> Supporting Education <input type="checkbox"/> Clean Water, Sanitation & Hygiene <input type="checkbox"/> Saving Mothers & Children <input type="checkbox"/> Growing Local Economies <input type="checkbox"/> Fighting Disease <input type="checkbox"/> Promoting Peace <input type="checkbox"/> Other, please list: <hr/>
Please list any school activities you are involved in (clubs, land-based, drumming, dancing, sports, etc.):	
Please list any community activities you are involved in (ceremonies, volunteering, etc.):	

REFERENCE INFORMATION

Please include two references (those we can contact to find out more about you – preferably a teacher or someone you work with – not a friend or family member).

Name 1:		
Phone Number:	Email:	
Relationship:		
Street Address:		
City:	Province:	Postal Code:

Name 2:		
Phone Number:	Email:	
Relationship:		
Street Address:		
City:	Province:	Postal Code:

LET US KNOW WHY YOU ARE INTERESTED IN THIS PROGRAM

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).

<p>Why are you interested in participating?</p>
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COVID SCREENING

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 as per Canadian guidelines.

COMMITMENT

I acknowledge that my involvement in this program is made possible through sponsorships. In return, I am pledging to:

<input type="checkbox"/> Deliver a presentation about my Y2Y experience at my school <input type="checkbox"/> Deliver a presentation to local Y2Y sponsors and/or Rotary Clubs

HIP YOUTH-TO-YOUTH NATIONAL EXPERIENCE

2024 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 an 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 Honouring Indigenous People (HIP), the Rotary Districts, participating Rotary Clubs, Rotary International, Zajac Ranch, 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

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.



Province / Territory	District	District Coordinator	
BRITISH COLUMBIA	5020	Bob Blacker	bobblacker@gmail.com
BRITISH COLUMBIA (West Coast)	5040	Bob Blacker	bobblacker@gmail.com
BRITISH COLUMBIA	5050	Linda Mross	lindamross10@gmail.com
BRITISH COLUMBIA	5060	Barb Penner	barb.penner53@gmail.com
BRITISH COLUMBIA	5080	Allison Alder	hailstormridge@yahoo.ca
ALBERTA (South)	5360	Dan Doherty	dohertyd@telus.net
ALBERTA (North)	5370	Jan Fox	jan.Fox@reachedmonton.ca
YUKON / NORTHWEST TERRITORIES	5370	Jan Fox	jan.Fox@reachedmonton.ca
MANITOBA/ONTARIO	5550	Al Hoeft	Al.Hoeft@salvationarmy.ca
SASKATCHEWAN	5550	Al Hoeft	Al.Hoeft@salvationarmy.ca
ONTARIO (Northwestern)	5580	Brian Walmark	bwalmark@tbaytel.net
ONTARIO	6290	Nicole Patterson	nic.patterson@gmail.com
ONTARIO	6330	Clay Melnike	marketingminds@rogers.com
ONTARIO	6400	Suzanne Grouette	smgrouette@gmail.com
ONTARIO (Central/North East Ontario)	7010	Richard Denton	richarddentonmddg2022.23@gmail.com
QUEBEC/ONTARIO	7040	Rene Melchers	rmelchers55@gmail.com
NUNAVUT	7040	Rene Melchers	rmelchers55@gmail.com
ONTARIO (Southern Ontario)	7070	Bill Empey/Dayna Nelson	empey@prismeconomics.com
ONTARIO	7080	John Lomax	lomax3414@gmail.com
ONTARIO	7090	Jim & Marjorie Dawson/Gary Flood	flood.garry@gmail.com
QUEBEC	7790	Rene Melchers	rmelchers55@gmail.com
NEWFOUNDLAND & LABRADOR	7815	Jane Simmons	jsimmons@iohs.ca
NOVA SCOTIA	7815	Jane Simmons	jsimmons@iohs.ca
NEW BRUNSWICK	7815	Jane Simmons	jsimmons@iohs.ca
PRINCE EDWARD ISLAND	7815	Jane Simmons	jsimmons@iohs.ca