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7010/7040/7070/7080/7090/7790/  
7815

## HIP YOUTH-TO-YOUTH NATIONAL EXPERIENCE

2025 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 the application to: **leadership.circle@hipally.com** by no later than December 20, 2024.

*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, 2025.

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.*

<b>Last Name:</b>		<b>First Name:</b>	
<b>Nickname:</b>		<b>Pronouns:</b>	
<b>Birth Day:</b>	<b>Birth Month:</b>	<b>Birth Year:</b>	
<b>To which of the following groups did your ancestors belong?</b>			
Turtle Island First Nation			
Turtle Island Métis			
Turtle Island Inuit			
Europe (British, Scottish, Welsh, Irish, French, German, Dutch, Polish, Ukrainian, Hungarian, Danish, Swedish, Norwegian, Spanish, Italian, Portuguese, Greek, etc.)			
Africa (Algerian, Egyptian, Moroccan, Ethiopian, Kenyan, Tanzanian, Angolan, Congolese, Cameroonian, South African, Namibian, Nigerian, Senegalese, Ghanaian, etc.)			
Americas/Caribbean/Pacific Islanders (Mexico, Puerto Rican, Cuban, Jamaican, Haitian, Latin America, Hawaiian, etc.)			
Asia (Chinese, Japanese, Korean, Taiwanese, Vietnamese, Cambodian, Filipino, Malaysian, Indonesian, Thai, Indian, Pakistani, Bengali, Sri-Lankan, Tamil, Armenian, Turkish, Arab, Russian, etc.)			
Australia/Oceania (Australia, South Pacific Islander)			

<b>Gender:</b> Male Female Genderqueer/Non-binary 2SLGBTQI+ Other Prefer not to disclose at this time	<b>What type of community do you live in?</b>  Rural Urban Indigenous Community
<b>T-Shirt size:</b>  Small Medium Large X-Large XX-Large	<b>Do you identify as someone with a visible or non-visible disability?</b>  Yes No
<b>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?</b>  Yes No  <b>If “Yes” please explain:</b>            	
<b>Please list any required medicines, allergies and/or food sensitivities you may have:</b>          	

### CONTACT INFORMATION

<b>Phone Number:</b>		<b>Email:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>

### PARENT or GUARDIAN INFORMATION

<b>Guardian/Parent 1 Name:</b>	<b>Emergency Phone:</b>
<b>Guardian/Parent 2 Name:</b>	<b>Emergency Phone:</b>

## EDUCATION BACKGROUND

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

## 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).*

<b>Name 1:</b>		
<b>Phone Number:</b>		<b>Email:</b>
<b>Relationship:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Name 2:</b>		
<b>Phone Number:</b>		<b>Email:</b>
<b>Relationship:</b>		
<b>Street Address:</b>		

<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
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### 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).

**Why are you interested in participating?**

### COMMITMENT

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

Deliver a presentation about my Y2Y experience at my school  
Deliver a presentation to local Y2Y sponsors and/or Rotary Clubs

## HIP YOUTH-TO-YOUTH NATIONAL EXPERIENCE 2025 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 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.

<b>Signature of Youth</b>	
<b>Date:</b>	

**PARENTAL CONSENT**

As \_\_\_\_\_ authorized parents/guardians, we hereby release and forever discharge Honouring Indigenous People (HIP), the Rotary Districts, participating Rotary Clubs, Rotary International, Elders, Knowledge Keepers, their directors, employees, agents, and servants from any liability whatsoever arising as a result of my child's 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.

<b>Parent/Guardian Signature</b>	
<b>Date:</b>	