

SCORE 4



Please review and complete the enclosed forms as independently as possible. The deadline for applications is the **last Friday in March**.

Completed forms can be sent to Kerrie St Jean by mail, fax, or e-mail.

Mail: CNIB – Attn: Kerrie
303 York Street
Sudbury ON P3E 2A5

E-mail: Kerrie.st.jean@cnib.ca

Fax: 705-675-6635 Attn: Kerrie

Once your application is reviewed you will be contacted for a phone interview. All successful applicants will be notified by the end of April.

Transportation

All flights to/from Toronto Pearson International airport will be coordinated by CNIB. All train and bus tickets to and from Toronto will also be organized by CNIB SCORE staff. All transportation throughout the two week program will be provided by CNIB. **It will be your responsibility to make arrangements to arrive on time at the local airport, bus or train station and be picked up upon your return.**

NOTE: All participants must be independent in their self care and travel.

PARTICIPANT AGREEMENT (Please print)

Name of participant:

Address:

E-mail Address:

Birthdate (year/month/day):

Gender:

The participant wishes to attend CNIB SCORE 4 Program. As a condition of participation, he/she agrees to the following:

1. I waive any action or claim against CNIB for any accident or injury except to the extent that such accident or injury is due to the negligence of the CNIB employees or volunteers.
2. I agree to pay any costs incurred by the CNIB in the proper care of the participant over and above any admission fees charged (i.e. transportation in the event of an early return, medications, damages to property, etc.).
3. I consent and authorize such medical and/or hospital care as deemed necessary by SCORE Staff. I consent and authorize CNIB employees to supervise the self-administration of any necessary medication.
4. The use of alcohol/drugs will not be tolerated and will result in automatic dismissal or severe consequences.
5. I have read and understood the material relating to SCORE 4 Program, and hereby declare that I meet all of the program requirements. I understand that to be considered for the program, my completed application package (including; Participant Agreement, Medical/Emergency Information, Code of Conduct, Release Form, Participant Questionnaire and Letter of Recommendation) must be received by the submission deadline.

Signature of participant: _____ **Date:** _____

Signature of parent/guardian: _____ **Date:** _____

MEDICAL & EMERGENCY INFORMATION

Name of Participant:

Health Care #:

Blue Cross #:

Other Health Insurance:

In case of accident or illness notify:

Name:

Relationship to Participant:

Home Phone#:

Business/ Cell phone #:

Secondary Contact

Name:

Relationship to Participant:

Home Phone #:

Business/ Cell Phone #:

Physician name:

Telephone #:

Does your son/daughter have a medical condition staff should be aware of?

Medications - name / dose / time(s) should be taken:

Allergies/ Allergic reactions

Penicillin: Yes No

Anesthetic: Yes No

Environmental (list):

Food (list):

Other (list):

Special Instructions:

Dietary Restrictions:

Program Activity Restrictions:

Vision (Describe your eye condition):

CODE OF CONDUCT

A positive, productive environment is built on understanding and mutual respect. It is the utmost importance to the CNIB and we are committed to the safety and enjoyment of each participant, staff and volunteer.

With this understanding, participants must also realize they have a personal responsibility to ensure they follow at all times the safety protocols and other rules established by CNIB staff.

The CNIB Code of Conduct details your rights, as well as your responsibilities as a participant, in order to ensure you have a more satisfying experience and is as follows:

As a SCORE 4 participant, it is your responsibility to:

- Treat staff, volunteers and other participants with courtesy and respect
- Safeguard CNIB equipment and assets by using such items as directed by staff and volunteers
- Communicate your concerns to appropriate staff
- Engage in efforts to preserve the environment and CNIB property and/or the facility property being utilized
- Participate fully in all activities
- Engage in safe play

As a SCORE 4 Participant, you have the right to:

- A clean, safe and comfortable environment
- Be treated with consideration, dignity and respect
- Confidential treatment of any disclosed health or personal information
- Ask questions about your experience with SCORE 4

Absolutely NO drugs or alcohol are permitted and are a strict violation of the Code of Conduct.

VIOLATIONS OF THIS CODE OF CONDUCT

Violations of the Code of Conduct will not be tolerated. All participants must assume any expense(s) arising from program dismissal. Putting one's self and/or others at risk may result in immediate dismissal from the program. Each of us must be accountable for our actions and for upholding CNIB values, principals and standards.

Participant Signature: _____

Parent/Guardian Signature: _____

Date: _____



Release Form

I hereby grant to CNIB the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of any photograph/video/interview/testimonial taken of me — or my son, daughter, or ward — for use in connection with CNIB activities or promotion.

This consent includes, without limitation, the right to publish such photograph/video/interview/testimonial in PR/promotional materials, non-profit magazines, newspapers, newsletters, media releases, advertisements, fundraising materials, and any other CNIB-related publications.

These images and/or testimonials may appear in any of the wide variety of formats and media now available and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media. They will not be used for other than the above-stated purposes and will be retained only as long as is necessary to fulfill those purposes.

Date:

Name (please print):

Child/ward's name (under 18):

Address:

City:

Province:

Phone:

E-mail:

Signature:

Special instructions:

If, in the future, you choose to amend your consent, please fax your changes to CNIB Communications at (403) 265-5029 or call

(403) 261-7231. For information about the CNIB Privacy Policy, please visit www.cnib.ca.

PARTICIPANT QUESTIONNAIRE

1. Why do you want to attend SCORE 4?
2. What would you say is your best characteristic?
3. What would you like to learn while you are at SCORE 4?
4. How did you find out about the SCORE 4 program?
5. Share three personal goals you would like to achieve before your 25th birthday.
6. Describe any hobbies or special interests you have.
7. What are the top three careers you would be most interested in learning more about?
8. Do you use any travel aids?