



Homework & Digital Support Application For Youth Ages 10 to 19

Re-Imagine Ontario Children & Youth Mentorship Programs

Thank you for expressing interest in the Re-Imagine Ontario's Mentorship Program. This Mentorship Program is designed to support young people across Canada to face the everyday challenges of growing up and dealing with family, school, social interaction, and employment. We are committed to providing mentees with a wide cross section of mentors from within their own communities. Our programs are also supported by volunteers, educators, and other trained professionals.

Those interested in being mentored must fill out and send in the first 3 forms included in this package. In this package you will find:

1. Application form
2. Parental Consent for Participation in Mentorship Program
3. Client Consent to Obtain, Store and Release Personal Information¹
4. Social Media Consent Form (this form is available on our website and may be completed afterwards).

When all five forms are completed, they can be mailed, faxed, or emailed to:

Attn: Mentorship Coordinator

Re-Imagine Ontario
2020 Winston Park Drive, Ste.200
Oakville, ON L6H 6X7

Email: info@reimagineontario.ca

Once your completed application is received and reviewed, you will be contacted by the Mentorship Coordinator. The coordinator will discuss your application and the next steps that need to be taken to continue towards becoming a successful mentee.

If you have questions/concerns about the application process or the program in general, please contact: info@reimagineontario.ca

Congratulations in taking the first step to being mentored.

¹ This form must be signed to be part of the Mentorship Program. All information is held in strictest confidence as per internal and provincial policy guidelines. Please read about the limitations of confidentiality outlined on the consent form and ask questions for clarification.

Re-Imagine Ontario Children & Youth Mentorship Programs

Child / Youth Application

Child's Name: _____

Age: _____ Gender: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact Information

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Parent(s)/Guardian

Parent(s)/Guardian(s) Name: _____

If Guardian, please note relationship to child: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

What subject(s) or digital activities are you looking to get help with?

Re-Imagine Ontario Children & Youth Mentorship Programs

Family Circumstances/Living Situation

Other people at home (please include all relevant information and other children).

Name	Age	Gender	Relationship

Does anything prevent your child from fully participating in the program?

Yes or No:

Social Activities

Is your child interested or active in sports, church, group activities?

Yes or No:

If yes, please list:

Please indicate what hobbies, if any, your child currently enjoys.

Re-Imagine Ontario Children & Youth Mentorship Programs

The Re-Imagine Ontario Mentorship Program

How do you feel your child would benefit most from a mentoring relationship?

Describe the type of mentor you would like for your child.

Is there any information you would like to add to this application that will help us to serve your child's needs better?

Confidentiality

Just as we will share information with you about the mentor we select for your child, we need to share information with the mentor about you and your child. Is there anything here that you do not want shared with the mentor?

Yes or No:

If yes, please clearly state what you do **not** want shared:

Your Name

Your Signature

Date:

Parental Consent for Participation in Mentorship Program

I consent to my child participating in the Re-Imagine Ontario Mentorship Program. I understand that there may be risks associated with my child participating in the Mentorship Program.

I acknowledge that the conversations between the mentor(s) and my child will be confidential, except in cases where the mentor(s), and/or Re-Imagine Ontario deem it necessary to advise me about issues of safety or concern.

I undertake to advise the Re-Imagine Ontario of any medical conditions or other issues which may affect the participation of my child in the Mentorship Program.

I agree to save harmless and not hold liable the Re-Imagine Ontario, its agents, employees, directors, officers, volunteers, subsidiaries, or affiliates (collectively "Re-Imagine Ontario"), for any acts or omissions undertaken by any of them in the course of the Mentorship Program whatsoever and without limitation. I further agree to indemnify and reimburse Re-Imagine Ontario for any claims made against them, including claims by or on behalf of my child, and for any costs incurred by them on behalf of my child, including but not limited to emergency services, which are incurred as a result of my child's participation in the Mentorship Program.

Witness

Consenting Parent (Print Name)

Consenting Parent's Signature

Date

Client Consent to Obtain, Store and Release Personal Information

I, _____

(Client/POA) of _____ (address)

hereby authorize Re-Imagine Ontario (RO) to: _____ collect/store

_____ release essential personal information for the purposes of facilitating mentoring services.

This consent can be changed or cancelled in whole or in part at any time, at my request, made in writing. I acknowledge that I have the right to access the record as named here, with a request in writing, by completing the Request for Disclosure Form. I am also aware that I can read the RO's privacy statement at www.reimagineontario.ca. (Amendment pending to form)

The personal information being collected is in compliance with the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and other applicable provincial laws.

I also agree to save harmless and release Re-Imagine Ontario, as well as its officers, directors, employees and related entities from any and all damages, causes of action, complaint or grievance whatsoever which I, my successors, heirs or assigns may have with regard to the subject matter of this Consent.

Signature (Client / Power of Attorney)

Date

Signature (Witness)

Date