



APPLICATION – Youth Engagement Program (YEP)

First Name: _____	Last Name: _____	
Preferred Name and/or Pronouns (optional): _____		
Address: _____	Municipality: _____	
Postal Code: _____	School: _____	Grad Year: _____
Birth Date: _____	Phone: (cell) _____	(hm) _____
Email Address: _____		
Once enrolled as a YEP student, you will be added to the YEP Student email list to receive updates and relevant information. Would you also like to receive the YEP Newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please indicate whether you have: No Volunteer or Employment Experience
 Current/Previous Employment Experience Current/Previous Volunteer Experience

Please list any employment and/or volunteer experience, if applicable.

Please list your hobbies/interests.

What aspects of the program are you interested in participating in?

For descriptions, please visit: <https://beaconcs.ca/services-programs/employment-services-training-supports/yep/>

Please check:

- | | | |
|---|--|---|
| <input type="checkbox"/> YEP Taskers | <input type="checkbox"/> Shadowing/Volunteer Assistant | <input type="checkbox"/> Résumé/Application Support |
| <input type="checkbox"/> YEP Job Board | <input type="checkbox"/> Social Media Content Creation | <input type="checkbox"/> First Aid Training |
| <input type="checkbox"/> Event Volunteering | <input type="checkbox"/> Other Volunteer Opportunities | <input type="checkbox"/> FOODSAFE Training |
| <input type="checkbox"/> Gardening Group | <input type="checkbox"/> Recycling Program | <input type="checkbox"/> Retail Training |
| <input type="checkbox"/> Computer Support Volunteer | <input type="checkbox"/> Digital Art Team | <input type="checkbox"/> Information Sessions |
| <input type="checkbox"/> Other: _____ | | |

Please note that if you select YEP Taskers and/or YEP Job Board, the email address you provided above will be enrolled in the relevant email list(s), through which you will be granted access to the job/task listings and information.

Do you have any health concerns or accessibility needs/accommodations that you would like us to be aware of?

Please indicate whether you would like us to share this information with YEP team members, community partners and/or clients, when appropriate (i.e. if health concerns or accessibility needs are relevant to an event or task and you will be working with/supervised by individuals other than the YEP Coordinator):

I consent to the release of the above information when it is relevant to ensuring my own/the Student Applicant's safety, well-being, or supportive learning environment.

Parent/Guardian and Student Initials: _____

I don't consent to the release of the above information.

Emergency Contact Information:

_____	_____	_____	_____
Name	Relationship	Phone (home)	Phone (cell)

Parent/Guardian Permission:

I give permission for the Student Applicant, _____ (youth name), to participate in the paid work, volunteer, and training opportunities provided by YEP. I understand that these YEP opportunities may take place at different venues in the community and in client homes on the Peninsula. I also understand that the Student Applicant may be photographed while volunteering at community events. I authorize the use of photographs and videos taken of the Student Applicant in materials promoting YEP, including social media posts and newsletters. I understand that the Student Applicant must submit a successful criminal record check to be accepted as a YEP Student and I am aware that all personal information will be kept confidential.

I give permission for the Student Applicant to participate in creating and posting social media content.

Yes No

I would like to be added to the YEP Newsletter Email List so I can receive updates about YEP events and upcoming opportunities.

Yes: _____ No
(Parent/Guardian Email Address)

Parent/Guardian Signature

Student Applicant Signature

Date

Please email completed application forms to yep@beaconcs.ca or drop them off at the Reception Desk at the SHOAL Centre (10030 Resthaven Drive, Sidney, BC).

Looking for more information? Email yep@beaconcs.ca or call 250-656-5537.