Huntington Society of Canada
Youth Mentorship Application Package
For Mentees Age 12 to 18
Huntington Society of Canada Youth Mentorship Program

Thank you for expressing interest in the Huntington Society of Canada’s Youth Mentorship Program. The HSC Mentorship Program is designed to support young people across Canada to face the everyday challenges of growing up in a family affected by Huntington Disease. The HSC is committed to offering a nationwide mentoring program that provides youth with one-on-one time and attention with a mentor who will receive ongoing support from a Social Worker within the HSC.

The goal of the program is to offer young people the opportunity to connect with a mentor who will be able to provide them with valuable support at critical points in their lives. The mentors will be committed to supporting, guiding, and being a friend to the youth.

Those interested in becoming a mentee must fill out and send in the forms included in this package. In this package you will find:

1. Application form
2. Parental Consent for Participation in Mentorship Program
3. Name, photo and video consent form (optional)

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

Erin Stephen  
PO Box 26012  
Saskatoon, Saskatchewan  
S7K 8C1  
Fax: 306-979-8137  
Email: mentorship@huntingtonsociety.ca

Once your completed application is received and reviewed, you will be contacted by the Youth 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 any questions or concerns about the application process or the program in general, please contact:

Erin Stephen-Youth Mentorship Coordinator  
Phone: 855-253-0215 or 306-979-9111  
Email: mentorship@huntingtonsociety.ca

Corey Janke-Youth Mentorship Coach  
Phone: 1-855-660-0670 or 519-660-0670  
Email: cjanke@huntingtonsociety.ca

Congratulations in taking the first step to becoming a mentee!
Mentee Application

Child’s Name __________________________________________________________

Date of Birth ___________________ Age ________________________________

Address _____________________________________________________________

City ___________________________ Province _____________________________

Postal Code __________________________

Home Phone ______________________ Cell Phone _________________________

E-mail _____________________________________________________________

Child’s Doctor ___________________ Phone ______________________________

Health Card # __________________________

Emergency Contact __________________________

Relationship to Child __________________________

Home Phone ______________________ Cell Phone _________________________

Parent(s)/Guardian

Parent(s)/Guardian(s) Name _____________________________________________

If Guardian, please note relationship to child _____________________________

Marital Status __________________________

Address _____________________________________________________________

City ___________________________ Province _____________________________
Postal Code ____________________________________________________________

Home Phone ___________________________ Cell Phone _________________________

Email _________________________________________________________________

**Family Circumstances/Living Situation**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does anything prevent your child from fully participating in the program?  □ Yes  □ No

If yes, please explain:

____________________________________________________________________________________

____________________________________________________________________________________

**Medical History**

Does your child have any medical problems, conditions or allergies?  □ Yes  □ No

If yes, please explain:

____________________________________________________________________________________

____________________________________________________________________________________

Is your child on any medication?  □ Yes  □ No
If yes, please explain:

_____________________________________________________________________________________

_____________________________________________________________________________________

Do you think your child has any emotional difficulties?  □ Yes    □ No

If yes, please explain:

_____________________________________________________________________________________

_____________________________________________________________________________________

Relationships

How would you describe your relationship with your child?

_____________________________________________________________________________________

_____________________________________________________________________________________

If other children are in the home, how does your child relate to them?

_____________________________________________________________________________________

_____________________________________________________________________________________

Please describe your child’s personality (moods, temper and maturity level)

_____________________________________________________________________________________

_____________________________________________________________________________________

Please check the qualities that you feel best describe your child:

 □ Friendly    □ Outgoing    □ Shy    □ Introverted

 □ Lonely    □ Easygoing    □ Active    □ Caring

 □ Angry    □ Anxious    □ Sensitive    □ Mature

 □ Other
School
School

Grade

Does your child seem interested in school? □ Yes □ No

How does your child generally get along with the teacher?

How is your child doing in school?

Work
Is your child employed? □ Yes □ No

If yes, where do they work?

Social Activities
Is your child interested or active in sports, church, group activities? □ Yes □ No

If yes, please list:

Please indicate what hobbies, if any, your child currently enjoys.
Briefly describe your child’s weekly schedule of activities.

________________________________________________________________

________________________________________________________________

The HSC Mentorship Program

Is your child aware of your application for a mentor?  
☐ Yes  ☐ No

If yes, what was the reaction?

________________________________________________________________

________________________________________________________________

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  □ 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 Huntington Society of Canada (HSC) 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 and my child will be confidential, except in cases where the mentor, social worker, and/or the HSC deem it necessary to advise me about issues of safety or concern.

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

I agree to save harmless and not hold liable the HSC, its agents, employees, directors, officers, volunteers, subsidiaries, or affiliates (collectively "HSC"), for any acts or omissions undertaken by any of them in the course of the HSC Mentorship Program whatsoever and without limitation. I further agree to indemnify and reimburse the HSC 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 HSC Mentorship Program.

___________________________________
Witness

______________________
Consenting Parent (Print Name)

_________________________________________________________________
Consenting Parent Signature

_________________________________________________________________
Date
NAME, PHOTO and VIDEO CONSENT FORM

Background:

During Huntington Society of Canada ("Society") events such as conferences, national and chapter meetings, national and chapter events, holiday parties, awards ceremonies and other activities, and in its offices and facilities, its employees and/or volunteers take photographs and/or videos of participants, organizers and volunteers in attendance and record their names for use in promoting the Society and its purposes. These photos, videos and information are used in publications such as Horizon, the electronic news bulletins, on its website, in reports, information sheets and brochures. The Society also publishes stories in the media about individuals associated with the Society. Photos can also be shared with funders, in grant proposals or reporting back on successful grants and therefore may be shared with a third party.

As some persons are concerned about telegraphing to the public that they have Huntington disease in their family, it is the Society's policy to obtain written consent to publish these names, photos, videos and information about individuals.

Consent:

I hereby consent to the Society, its employees and those acting with the Society's authorization, using or publishing without compensation to me – (i) my name and/or photograph/video recording and (ii) the information I give to the Society about my relationship to Huntington disease, to assist in promoting the Society and its purposes in publications including but not limited to the Horizon Newsletter, brochures, information sheets (print or electronic), national public service campaign, and its website (www.huntingtonsociety.ca). I hereby also waive any right to inspect or approve the finished or publicized article and/or photographs or recordings.

Note: A parent or guardian must also sign this form if the person photographed or recorded is under 18 years old.

Name: __________________________________________________________________________________________________________

Relationship to Child (if applicable): ______________________________________________________________________________

Child’s Name: (if applicable): ________________________________________________________________________________

Address: ____________________________________________________________

City: _____________________________ Province: ______  Postal Code: ________ Phone: ______________

Signature: ________________________________________________________________________________________________________