

**Huntington Society of Canada**  
**Youth Mentorship Application Package**  
**For Mentees over the Age of 18**



# Huntington Society of Canada Youth Mentorship Program

Thank you for expressing interest in the Huntington Society of Canada's (HSC) Youth Mentorship Program (YMP). 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. Mentee release form
3. Name, photo and video consent form (optional)
4. \*\*Client Consent to Obtain, Store and Release Personal Information  
\*\*This form must be signed to be part of the Youth Mentorship Program (YMP). It acknowledges that the Family Services team member in your area will be notified that you are a participant in the YMP. An electronic file will be opened; however, information will only be shared between the Family Services team member and the YMP under particular circumstances. Please read about the limitations of confidentiality outlined on the consent form and ask questions for clarification.

When all four 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](mailto: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 questions/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](mailto:mentorship@huntingtonsociety.ca)

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

Congratulations in taking the first step to becoming a mentee!

# Mentee Application

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Health Card # \_\_\_\_\_

## Next of Kin/Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Family Circumstances/Living Situation

Please list any other people you live with (please include all relevant information and children).

| Name | Age | Gender | Relationship |
|------|-----|--------|--------------|
|      |     |        |              |
|      |     |        |              |

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|  |  |  |  |
|  |  |  |  |

Does anything prevent you from fully participating in the program?  Yes  No

If yes, please provide details:

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**Medical History**

Do you have any medical problems, conditions or allergies?  Yes  No

If yes, you can add more information here:

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Are you on any medication?  Yes  No

If yes, more information can be added here:

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Do you have any emotional difficulties that may affect your participation in the program?

Yes  No

If yes, please provide details here:

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**Relationships**

How would you describe your relationship with others? Your family? Your peers?

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Please describe your personality

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Please check the qualities you feel best describe you:

- Friendly     Outgoing     Shy     Introverted  
 Lonely     Easygoing     Active     Caring  
 Angry     Anxious     Sensitive     Mature

Other: \_\_\_\_\_

**School/Work**

Do you attend school?     Yes     No

If yes, where do you attend school?

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Are you employed?     Yes     No

If yes, where do you work?

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**Social Activities**

Are you active in sports, church, group activities?     Yes     No

If yes, please list those activities:

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Please indicate what hobbies, if any, you enjoy.

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**The HSC Mentorship Program**

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

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Describe the type (or qualities) of a mentor that you feel would be your best match.

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Is there any information you would like to add that will help us serve your needs better?

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**Confidentiality**

Just as we have to share information with you about the mentor, we need to share information with the mentor about you. 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:

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Signature

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Date



## Mentee Release Form

I, \_\_\_\_\_ state that if accepted as a mentee, I agree to adhere to the policies and procedures outlined in the Huntington Society of Canada (HSC) Mentorship Program Policy and Training Manual. I agree to keep all conversations with my mentor confidential. I agree that it is the role of the mentor to report any potential safety concerns that he/she may have to the Social Worker assigned to support and supervise our participation in the HSC Mentorship Program. I understand that it is my right to feel safe and comfortable within the mentoring relationship. If for any reason, I have concerns or wish to end my participation, I will notify the Social Worker assigned to my mentoring match who will address my concerns.

I agree to save harmless and not hold liable the Huntington Society of Canada, its agents, employees, directors, officers, volunteers, social workers, or any subsidiary or affiliate of the HSC for any act or admission or for any reason whatsoever arising from my participation in the HSC Mentorship Program. I will not seek remuneration, damages, or any compensation whatsoever for, or arising from, my involvement in the HSC Mentorship Program.

I have read the above release statement and understand and agree to its contents. To the best of my knowledge and belief, all statements in this application are true and accurate.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Mentee Applicant (Print name)

\_\_\_\_\_  
Mentee Applicant 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](http://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: \_\_\_\_\_



## Client Consent to Obtain, Store and Release Personal Information

I, \_\_\_\_\_ (Client/POA) of \_\_\_\_\_ (address)

hereby authorize the Huntington Society of Canada (HSC) to : \_\_\_ collect/store \_\_\_ release essential personal information for the purposes of facilitating and obtaining health services, social services and other community services on behalf of \_\_\_\_\_.

Organizations included: \_\_\_\_\_

Organizations excluded: \_\_\_\_\_

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 HSC privacy statement at [www.huntingtonsociety.ca/privacy-policy/](http://www.huntingtonsociety.ca/privacy-policy/).

I recognize that there are limitations to confidentiality including the method of communication I choose to contact my HSC Family Services team member (in person, via telephone, and/or electronic communications). I have been provided with information about:

- confidentiality and its boundaries. (child protection, harm to self/others, court orders)
- the process of opening, maintaining and closing of files
- the reason that this information is being collected, steps to safeguard it and who will have access to this information.

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 the HSC, 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