

**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 (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. Parental Consent for Participation in Mentorship Program
3. Name, Photo and Video Consent Form (optional)
4. Social Media Consent Form
5. \*\*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 feel free to ask questions for clarification.

When all five 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

Youth's Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

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

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

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

Emergency Contact \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

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

## Parent(s)/Guardian

Parent(s)/Guardian(s) Name \_\_\_\_\_

If Guardian, please note relationship to youth \_\_\_\_\_

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).

Name	Age	Gender	Relationship

Does anything prevent the young person from fully participating in the program? ☐ Yes ☐ No

If yes, please provide additional details:

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### Medical History

Does the young person have any medical problems, conditions or allergies? ☐ Yes ☐ No

If yes, please provide additional information:

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Is the youth on any medication? ☐ Yes ☐ No

If yes, please provide information as appropriate:

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Do you think the young person has any emotional difficulties? ☐ Yes ☐ No

If yes, please share details of those difficulties:

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### Relationships

How would you describe your relationship with the youth?

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If other children are in the home, how does the young person relate to them?

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Please describe the youth's personality (moods, temper and maturity level)

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Please check the qualities that you feel best describe them:

☐ Friendly ☐ Outgoing ☐ Shy ☐ Introverted

☐ Lonely ☐ Easygoing ☐ Active ☐ Caring

☐ Angry ☐ Anxious ☐ Sensitive ☐ Mature

☐ Other 

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**School**

School \_\_\_\_\_

Grade \_\_\_\_\_

Does the youth seem interested in school? ☐ Yes ☐ No

How would you describe the youth's relationship with their teacher?

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How are they doing in school?

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**Work**

Is the young person employed? ☐ Yes ☐ No

If yes, where do they work?

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**Social Activities**

Is the youth interested or active in sports, church or group activities? ☐ Yes ☐ No

If yes, please list:

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Please indicate what hobbies, if any, they currently enjoy.

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Briefly describe their weekly schedule of activities.

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### **The HSC Mentorship Program**

Is the young person aware of your application for a mentor? ☐ Yes ☐ No

If yes, what was the reaction?

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

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Describe the type of mentor that would be a good fit for your young person:

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

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### Confidentiality

Just as we will share information with you about the mentor we select, we need to share information with the mentor about you and the young person. 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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Your Name

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Your Signature

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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.

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Witness

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Consenting Parent (Print Name)

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Consenting Parent Signature

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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: \_\_\_\_\_

## Social Media Consent

I consent to my child using social media as one of the ways that they communicate with their mentor as a part of the Huntington Society of Canada (HSC) Mentorship Program. I understand that there may be risks associated with my child using social media. Further, I understand that these communications will not be monitored by the Huntington Society of Canada.

I agree to save harmless and not hold liable the HSC, its agents, employees, directors, officer, 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 my 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.

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Witness

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Consenting Parent (Print Name)

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Consenting Parent Signature

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Dated

## 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