

Huntington Society of Canada

Youth and Young Adult Mentorship Application Package

For Mentors

Huntington Society of Canada

Youth and Young Adult Mentorship Program

Thank you for expressing interest in the Huntington Society of Canada's (HSC) Youth and Young Adult Mentorship Program (YYAMP). 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. HSC is committed to offering a nationwide mentoring program that provides youth and young adults with one-on-one time and attention with a mentor who will receive ongoing support from a Social Worker within 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. Name, photo and video consent form (optional)
3. ****Client Consent to Obtain, Store and Release Personal Information**
****This form must be signed to be part of the Youth and Young Adult Mentorship Program (YYAMP). It acknowledges that the Family Services team member in your area will be notified that you are a participant in the YYAMP. An electronic file will be opened; however, information will only be shared between the Family Services team member and the YYAMP under particular circumstances. Please read about the limitations of confidentiality outlined on the consent form and ask questions for clarification.**

When the form is completed, they can be emailed to:
Corey Janke - Youth and Young Adult Mentorship Program Coordinator
Email: mentorship@huntingtonsociety.ca

Once your completed application is received and reviewed, you will be contacted by the Youth and Young Adult Mentorship Program Coordinator. The coordinator will discuss your application and the next steps that need to be taken to continue towards becoming a successful mentor. If you have questions/concerns about the application process or the program in general, please contact:

Corey Janke - Youth and Young Adult Mentorship Program Coordinator
Phone: 1-800-998-7398, ext. 212
Email: mentorship@huntingtonsociety.ca

Congratulations in taking the first step to becoming a mentor!

Mentor Application

Name _____

Date of Birth _____ Age _____ Gender _____

Address _____

City _____ Province _____

Postal Code _____

Home Phone _____ Cell Phone _____

E-mail _____

Health Card # _____

Doctor _____ Phone _____

Next of Kin/Emergency Contact

Name: _____

Relationship: _____

Address _____

City _____ Province _____

Postal Code _____

Home Phone _____ Cell Phone _____

Family Circumstances/Living Situation

Other people you live with (please include children and all relevant information)

Name	Age	Gender	Relationship

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

If yes, please explain:

Medical History

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

Are you on any medication? ☐ Yes ☐ No

If yes, you can add more information here:

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

☐ Yes ☐ No

If yes, please provide more information here:

Please describe your personality

Please check the qualities you feel best describe you:

☐ Friendly ☐ Outgoing ☐ Shy ☐ Withdrawn ☐ Sensitive ☐ Confident
☐ Talkative ☐ Lonely ☐ Carefree ☐ Busy ☐ Happy ☐ Nurturing

How do you manage stressful situations?

Please share the qualities, skills, or other attributes that you have that would benefit a youth.

Education and Employment

Previous Diplomas/Degrees (Please include your area of concentration):

Do you currently attend school? ☐ Yes ☐ No

If yes, where do you attend school?

Are you employed? ☐ Yes ☐ No

If yes, where do you work?

Do you have any previous experience volunteering or working with youth? ☐ Yes ☐ No

If yes, please list:

Social Activities

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

If yes, please list the clubs, activities, and/or affiliations you belong to as well as any hobbies or special interests you would like to share:

The HSC Mentorship Program

Please share what made you want to apply to become a mentor.

Please list any concerns or reservations you may have about becoming a mentor.

Are you anticipating any changes in your life in the next year that may impact your match (e.g. change in marital status, living arrangements, employment, children, etc.)?

Have you ever been charged, convicted or pardoned for a criminal offence?

If yes, please provide details here:

References

Please provide a list of three individuals we can contact that are willing to act as a reference for you. These references may include peers, teachers, and employers and may include one family member. These individuals should be aware of your desire to participate in the HSC Mentorship Program. Please do not include someone as a reference who does not know of your personal connection to Huntington disease. The responses of those acting as a reference will remain confidential.

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Confidentiality

In order to set up the mentorship match, we provide information to the mentee/mentor about each other's HD journey. Is there any information about your HD journey you do not want us to share with the mentee and/or their parents (if the mentee is under the age of 18)?

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: _____

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/.

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