



October 2018 Adventure Weekend (AW)

A Weekend Adventure for Male Youth

Thursday, October 25th – Sunday, October 28th, 2018

Adult Staff Application Package

About Boys to Men Canada

Boys to Men Canada offers programs for male youth where they can explore what is really going on in their lives, and a community of mentors and peers who listen, believe in them and support them on their journey. We offer youth a safe place where they come to understand that they are NOT ALONE in their struggles, knowing that teenage years are the critical window of opportunity to empower them to follow their dreams.

We carefully screen all adults 18 and older who participate in our weekends and in group activities throughout the year and require that they obtain clear criminal background checks prior to *any* interaction with our youth.

Staff members are expected to be on site by 7:00 PM Thursday evening.

During the AW, what do the members of the staff team do?

On Thursday evening we cover introductions, logistics, and some fundamental agreements. This lays the foundation of creating a safe and powerful weekend. On Friday morning, the adult staff journey back into their own teenage years and identify the price they paid navigating the turbulence of their own adolescence. They gain clarity on what parts of their authentic selves were left behind and begin the process of reclaiming them. They also come to realize what they took on during that period and have the opportunity to let go of what no longer serves them today. This part of the AW is called 'Know Your Teenage Fire' and prepares the staff team to meet the participants exactly where they are with who we truly are. After lunch on Friday, we prepare the site for the participants' arrival and review the weekend outline in detail. This will include team meetings, role rehearsal and other preparation. The AW itself is an action-packed 42 hours beginning Friday at dusk and covering three days. As a member of the staff team, you will have the opportunity to participate in and/or facilitate some or several of the processes. Weekend roles will be assigned based on experience level and necessity. You will be sent a confirmation of your participation as a staff member, along with your assigned roles and their protocols with enough time to arrive at the AW fully prepared to jump in and serve!

Thank you! – For stepping up to guide our young men on their journey to manhood!

Adventure Weekend Staff

Event Coordinator: Sean Fleming, (647) 282-1861, email: seanaflaming1@gmail.com

Program Coordinator: Alex Bon-Miller, (514) 984-6549, email: alexbonmiller@hotmail.com

Registrar: Carol Davies, email: registrar@btmcanada.org

Agreements

- Recreational drugs and weapons of any type are prohibited.
- Speak in a manner that models respect, honesty and integrity. Avoid obscenities.
- Respect the site and buildings; vandalism will not be tolerated.

Criminal Background Check

Note: This can take up to 12 weeks to complete. Please begin this process a.s.a.p.

Because of the potential vulnerability of the youth participating in our programs, all prospective participants, staff and volunteers of Boys to Men Canada, 18 years of age or older, are required to obtain a Criminal Record Check (RCMP categories 1,2,3,4) and a Vulnerable Sector Screening from their local policing agency. These checks must be renewed initially after two years and every 3 years thereafter.

If the search does not come up flagged (no match), your Criminal Background Check will be processed locally, usually within 2-4 weeks – though it can take up to 12 weeks. If the search does come up flagged, you will be asked to come in for fingerprinting. The fingerprints will be sent to Ottawa for screening.

Depending on your location of residence, the forms required may be slightly different.

Your Boys to Men Canada intake representative will provide you with all the details on the forms to complete and the process to follow.

Logistics

For all staff, the AW begins at 7:00pm Thursday evening, **October 25th**, and runs through early Sunday afternoon, **October 28th**, at the **RKY Camp**, 1194 Sugar Bush Lane, Parham, Ontario, K0H 2K0, Canada.
<https://goo.gl/maps/J36NPTWTovR2>

Housing

Sleeping will be in cabins. Please let us know if you have special needs.

What do staff members need to bring?

1. Toiletries
2. Flashlight
3. Insect repellent
4. A sleeping bag, a pillow, and optionally an air mattress or sleeping pad
5. A bathing suit and **1-2 towels** (for showering)
6. Hiking boots or a similar sturdy footwear (2 pairs)
7. Work gloves
8. Water bottle
9. **DRUMS!!!! And any other colourful noise makers**

And, some things that staff members do not need to bring:

1. Weapons of any type
 2. Alcohol, non-prescription drugs and illegal substances
 3. Electronic devices of any type
 4. Watches, clocks, and jewellery
- * You will have limited or no access to your cell phone throughout the weekend.*

Schedule

Thursday, October 25	Staff members arrive on site by 7:00 PM
Friday, October 26	Participants arrive at dusk
Saturday, October 27	Training continues
Sunday, October 28	Weekend ends at 1:00 PM (approximate)

Phoning the Site

If someone needs to contact you or speak with a staff member during the event, we can be reached at (514) 984-6549 and (647) 282-1861. The camp's phone number is (613) 375-6295.

Deadline to submit your application is Wednesday, September 26, 2018

How to Apply

Please take the time to fully complete every page of the application portion of this package, especially the medical portion, even if there is little to say. We need you to check off the “No” and “None” and “N/A” in order to be certain the omission was not an error.

Keep a copy, especially of the medical portion. If you have a lot of medical information to transmit, it can save you a great deal of effort for the next Boys to Men event if you already have it and can simply make a copy and make note of any changes.

You can send us the application in any of these ways:

- Email a scanned copy to registrar@btmcanada.org
- Mail to: Registrar, c/o Boys to Men Canada, 3505 Broadway Street, Lachine, Québec, H8T 1T1. Mailed applications may also contain cheques.
- Deliver your application in person to your local Boys to Men Canada intake representative.

AW Financials

For adult staff members 21 years of age & older, the fee is **\$195**. For 18, 19 and 20 year-old staff members, the fee is **\$95**. The staffing fee is payable in full by Wednesday, October 17, 2018.

Space is limited so we recommend you register as soon as possible.

If you have missed these dates and still wish to register, please contact the Event Coordinator Sean Fleming to request an exception – we will do our best to make sure you can come!

Tuition

1. By cheque: Make cheque payable to “Boys to Men Canada”. You may include your cheque with your completed application package or mail it separately if you are emailing a scanned copy (see above).
2. Online: Visit btmcanada.org or our Facebook page and click on the **donate** button
3. By e-Transfer sent to: registrar@btmcanada.org
4. In cash to your local Boys to Men Canada intake representative

Payment Details

Payment by: Cheque # _____ Cash e-Transfer sent to: registrar@btmcanada.org
 Online: btmcanada.org or our Facebook page by clicking on the **donate** button

I want to request a custom payment schedule, with an initial payment of \$ _____ and future payments as follows: _____

A portion of payments received will be treated as a donation and tax-deductible receipts will be issued where applicable.

WHEN SUBMITTING YOUR APPLICATION, RETURN ONLY THIS PAGE AND THE FOLLOWING 6 PAGES.

AW ADULT STAFF APPLICATION

(For staff members born on or before October 28, 2000)

Application Type (check one): ___ Adult Staff (21 & Older) ___ Young Adult Staff (18-20)

CARPOOLING: ___ I'm all set ___ I Want a Ride ___ I can drive the number indicated: _____

Personal Information

Applicant's Information:

Name _____ Birth date _____ / _____ / _____
Month Day Year

Email _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Social Media Platform(s) _____ SM Name(s) _____ Other _____

Emergency Contact Information:

Contact Person _____ Relationship _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Medical Contact Information:

Family Doctor _____ Phone _____

Do you have provincial and/or private health insurance coverage? Yes ___ No ___

Provincial health card # _____ Expiry date _____

Private Insurance Company _____ Policy # _____

Do you have any medical training or experience? (i.e.: EMT, RN, MD) Yes ___ No ___

If yes, specify: _____

Preferred T-Shirt Size: _____

If you have participated in a Boys to Men Canada event in the last 3 years and have no changes to report to the Medical Record we have on file for you, check the box below, skip the following 2 pages and continue on page 4 of 6.

Check here if you have no changes to report to your Medical Record

If you checked the box above, do not submit pages 2 and 3 of 6.

Confidential Medical Record

BTM Canada programs include challenging experiences that may involve strong emotional and physical release. This training may not be appropriate for applicants with major medical or emotional challenges. In order to acquaint our staff with your medical needs, we require that you complete this Confidential Medical Record. If there is any doubt about whether you should participate, discuss your concerns with us or with your physician or therapist. We will keep this information strictly confidential, except that we reserve the right to share it with emergency medical personnel as needed. Please complete every item in every section.

If you are mailing this form to us, please keep a photocopy.

Do you have, or have you had, any of the following conditions or symptoms?
Please specify **Yes** or **No** for each condition.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1.Vision Impairment	<input type="radio"/>	<input type="radio"/>	19.Difficulty Urinating	<input type="radio"/>	<input type="radio"/>	38.Learning Disability	<input type="radio"/>	<input type="radio"/>
2.Hearing Impairment	<input type="radio"/>	<input type="radio"/>	20.Kidney Problems	<input type="radio"/>	<input type="radio"/>	39.Frequent Dizziness	<input type="radio"/>	<input type="radio"/>
3.High Blood Pressure	<input type="radio"/>	<input type="radio"/>	21.Obesity	<input type="radio"/>	<input type="radio"/>	40.Frequent Fainting	<input type="radio"/>	<input type="radio"/>
4.Heart Disease	<input type="radio"/>	<input type="radio"/>	22.Arthritis	<input type="radio"/>	<input type="radio"/>	41.Diabetes	<input type="radio"/>	<input type="radio"/>
5.Heart Murmur	<input type="radio"/>	<input type="radio"/>	23.Broken Bones	<input type="radio"/>	<input type="radio"/>	42.Hypoglycemia	<input type="radio"/>	<input type="radio"/>
6.Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	24.Neck or Back Problems	<input type="radio"/>	<input type="radio"/>	43.Eating Disorders	<input type="radio"/>	<input type="radio"/>
7.Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	25.Joint Problems	<input type="radio"/>	<input type="radio"/>	44.Thyroid Problems	<input type="radio"/>	<input type="radio"/>
8.Family history of heart attack	<input type="radio"/>	<input type="radio"/>	26.Muscle Cramps	<input type="radio"/>	<input type="radio"/>	45.Endocrine or Gland Problems	<input type="radio"/>	<input type="radio"/>
9.Circulation Problems	<input type="radio"/>	<input type="radio"/>	27.Tuberculosis	<input type="radio"/>	<input type="radio"/>	46.Unexplained weight loss	<input type="radio"/>	<input type="radio"/>
10.Chest Pain/Pressure	<input type="radio"/>	<input type="radio"/>	28.Exposure to TB	<input type="radio"/>	<input type="radio"/>	47.Bleeding Disorder	<input type="radio"/>	<input type="radio"/>
11.Heart Palpitations	<input type="radio"/>	<input type="radio"/>	29.Recurrent lung infections	<input type="radio"/>	<input type="radio"/>	48.Blood disorder or anemia	<input type="radio"/>	<input type="radio"/>
12.Shortness of Breath	<input type="radio"/>	<input type="radio"/>	30.Active Hepatitis	<input type="radio"/>	<input type="radio"/>	49.Sickle cell disease or trait	<input type="radio"/>	<input type="radio"/>
13.Chronic cough	<input type="radio"/>	<input type="radio"/>	31.History of Hepatitis B or C	<input type="radio"/>	<input type="radio"/>	50.Cancer	<input type="radio"/>	<input type="radio"/>
14.Asthma	<input type="radio"/>	<input type="radio"/>	32.HIV Positive or AIDS	<input type="radio"/>	<input type="radio"/>	51.Skin Problems	<input type="radio"/>	<input type="radio"/>
15.Ulcers	<input type="radio"/>	<input type="radio"/>	33.Unexplained Sweating	<input type="radio"/>	<input type="radio"/>	52.Special Dietary Needs	<input type="radio"/>	<input type="radio"/>
16.Intestinal Problems	<input type="radio"/>	<input type="radio"/>	34.Seizure Disorder	<input type="radio"/>	<input type="radio"/>	53.Medical Equipment/Devices	<input type="radio"/>	<input type="radio"/>
17.Heartburn	<input type="radio"/>	<input type="radio"/>	35.Seizure within past year	<input type="radio"/>	<input type="radio"/>	54.Special Physical Requirements	<input type="radio"/>	<input type="radio"/>
18.Bladder Infections	<input type="radio"/>	<input type="radio"/>	36.Headaches	<input type="radio"/>	<input type="radio"/>	55.Psychiatric/Emotional Problems	<input type="radio"/>	<input type="radio"/>
			37.Significant Head Injury	<input type="radio"/>	<input type="radio"/>	56.Other	<input type="radio"/>	<input type="radio"/>

Height _____ Weight _____ Have you ever been hospitalized? YES NO

If you have answered "yes" to any of the above items, please elaborate on the bottom of page 3 of 6.

Medications

If you have your own computerized list of medical information, including medications and allergies, you may print it and include it on a separate sheet, rather than fill out the next two tables.

Check here if list of medicines and allergies are listed on a separate typed sheet.

Are you taking any medications (prescription or nonprescription)? YES NO (Please check one)

If yes, please list below.

Medication	How much/how often	For	Current Side Effects

Medical Allergies

Do you have any allergies? YES NO (Please check one) If yes, please list below.

Medication	Reaction

Do you have any specific dietary needs? (Vegetarian, Vegan, place to store your own food?) _____

Psychosocial History

Have you been in any form of counseling/treatment within the past two years? Yes No

Are you currently in counseling/treatment? Yes No If yes, please describe briefly on previous page.

Reason for counseling (check all appropriate responses): Academic Family Issues Depression Divorce

Substance Abuse Career Suicide Other _____

Primary counselor _____ Phone _____

When was the last time you used alcohol, tobacco or non-prescription drugs?

Alcohol _____ Tobacco _____

Non-prescription Drug _____

Detailed Responses

If you answered yes to any of the questions on page 2 of 6 or this page, explain below. Include the following:

- What specific symptoms are occurring
- How often symptoms/conditions occur
- How long symptoms/conditions last
- How you care for symptoms/conditions
- How symptoms/conditions restrict activity
- Date of last occurrence

Check here if this chart is left blank intentionally (no details to explain).

Number	Detailed Response

Please make sure that you have answered every question in this medical record portion of the application. Any questions left blank will require us to phone you to get the information.

PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

AW Dates: Thursday, October 25th - Sunday, October 28th, 2018

In consideration of the services of the Boys to Men Canada Mentoring Network, including all of its officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for it or on its behalf (hereinafter collectively referred to as ("BTM Canada") and the right to engage in this Boys to Men Canada Mentoring Network Adventure ("Training") as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold BTM Canada harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. ACCURACY OF INFORMATION AND PERMISSION TO RELEASE

The medical information provided is a complete and accurate statement of the physical and psychological factors that may affect my participation in BTM Canada programs. I realize that failure to disclose such information could result in serious harm to me and to staff and fellow participants.

I agree to notify BTM Canada should there be any changes in my health status. I authorize BTM Canada to release this information to medical personnel on BTM Canada staff and additional medical personnel in case of emergency. I also authorize BTM Canada to contact my physician or therapist to clarify any questions about my health. I understand that BTM Canada reserves the right to refuse participation to anyone for medical reasons.

II. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I acknowledge that BTM Canada has responded to all the questions I asked about the program to my satisfaction. I understand that the Adventure Weekend ("Training") is a personal growth and development course and involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death, illness, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

A. The nature of the training itself which involves:

1. Strenuous and vigorous, physical, mental, emotional, and intellectual activity such as outdoor and indoor games during day or night, role playing (e.g. enactments of past events, feelings or parts of psyche or personality) and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue (e.g. Facing and overcoming physical, emotional or mental obstacles to the achievement of goals);

2. The potential for death; for injury to skeletal-neuro-muscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, heart attack, aneurysm, hemorrhage or stroke), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or traumatization relating to past psychological history); and

3. The potential for change with respect to such matters as: education, career, job or business; relationships with family, friends, women, fellow youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of BTM Canada who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.

C. Latent or apparent defects or conditions in the equipment or property supplied by BTM Canada or other persons or entities as well as the use or operation of such equipment.

D. Acts of other participants in this training or other persons.

III. PARTICIPANT UNDERTAKINGS

1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in this training, including those risks listed above as well as those risks not specifically listed above.
2. I and my representatives understand, acknowledge and represent that my participation in this Training and in every separate part thereof is purely voluntary and I elect to participate in spite of and with full knowledge of all the risks. I acknowledge that at all times I will be free to choose to leave the training or to not engage in any part or all of the Training.
3. I and my representatives hereby authorize BTM Canada to take any and all reasonable steps on my behalf in the case of any physical or other injury, illness or condition suffered during the Training. BTM Canada is hereby authorized to apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment of BTM Canada may be deemed reasonable and necessary for the my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge BTM Canada and agree to indemnify and hold BTM Canada harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with my participation in this Training, use of BTM Canada equipment or facilities, or the provision by BTM Canada of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
5. I agree and promise to indemnify and hold BTM Canada harmless from all costs and liabilities, including but not limited to, legal fees, incurred by BTM Canada in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with my participation in this Training.
6. In signing this document I fully recognize and acknowledge that if anyone (including me) is hurt or property is damaged, lost, or destroyed, as a result of my participation in this Training, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against BTM Canada.
7. Should BTM Canada or anyone acting on their behalf be required to incur legal fees and costs in connection with any effort to enforce this agreement as a result of my participation in this Training, I agree and promise to indemnify and hold them harmless against all such fees and costs.
8. I certify that I have sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage I may suffer or cause while participating in this Training. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.
9. I certify that I have completed the confidential medical questionnaire form required by BTM Canada; that I have disclosed each and every physical, emotional or mental condition for which I have received treatment or am currently receiving treatment; that the information I have provided pertaining to my physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of BTM Canada. I further certify that I have no medical condition which could interfere with my safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition I have whether or not I have previously disclosed that condition to BTM Canada.
10. I have had sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

I have read the entire **Participation Agreement and Acknowledgement of Risks** section of this application, parts I - III, on pages 4 and 5 of 6, and hereby agree to each and all of its clauses. If I submit this application and do not include page 4 of 6, it is by intention not omission, and I acknowledge having read it.

Signature of applicant: _____

Print Name: _____ Date: _____

Boys to Men Canada Mentoring Network

Consent to use photographic, video and audio recordings

Boys to Men Canada (BTMC) may be taking photographs, recording video or making audio recordings at BTMC weekend retreats, group meetings or other BTMC events. The photographs, videos and audio recordings may be used in whole or in part for BTMC activities, at its events and for informational and promotional material, in both print and electronic format. This includes, but is not limited to, brochures, posters, articles, multimedia presentations, electronic newsletters, the BTMC website (btmcanada.org) and BTMC social media pages.

The photographs, videos and audio recordings produced may contain your recognizable image, which is considered personal information. BTMC collects personal information in compliance with PIPEDA, the *Personal Information Protection and Electronic Documents Act*.

This purpose of this form is, a) to notify you that your personal information may be collected and, b) to obtain your permission for BTMC to use photographs, videos or audio recordings that contain your recognizable image or voice, and possibly your name, in material promoting BTMC, whether in print, in electronic format or on the Internet.

BTMC does not publish the family names of children under the age of 18.

Participant's Consent

I UNDERSTAND that the photographs, videos or audio recordings of me may be circulated within an unrestricted geographic area and that, if posted on the BTMC website on any other websites, they will be available to the public. I also understand that BTMC has no control over, and is not responsible for, the use or misuse of materials available on its website, including any photographs, videos or audio recordings of me.

FOR THE PURPOSE STATED ABOVE, I CONSENT to be photographed, video recorded and audio recorded by BTMC or its authorized representatives. Additionally, I waive any right to royalties or other compensation arising from or related to the use of photographs, videos or audio recordings of me.

I ALSO GIVE MY PERMISSION to BTMC and its authorized representatives to use, reproduce, publish, transmit, distribute, broadcast and display photographs, videos or audio recordings that contain my image or voice, with or without my name associated with them in any current or future BTMC material, publications, multimedia productions, video, displays, advertisements and on the BTMC website, social media website and other current or future media, without further notice to me or without my approval of the finished photographs, videos or audio recordings.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND this consent form.

Signature of participant

Print name

Date