



First Directions: Reclaiming our Bodies Aboriginal Youth HIV Training & Video Making Workshop Application Form

Hello! We're so excited you want to join us at our youth *HIV Training and Video Making* workshop in Vancouver (Langley) from March 15th- 20th, 2017. Please fill out every question on this application. Your adult sponsor can help you to fill out and submit the form.

BASIC INFORMATION ABOUT YOU!

Please tell us a little about you so we can make this the best training possible

Name: _____

Mailing Address: _____

Phone (Home): _____ Phone (Cell): _____

Birthday: _____ Age: _____

Email: _____

Closest Airport: _____

Preferred transportation (check all that apply):

- Plane
- Car
- Ferry
- Train
- Other

Are you available to travel to Vancouver from March 15th - 20th, 2017? Yes No

Are you between the ages of 15 and 29? Yes No

Do you identify as being First Nations, Inuit or Metis? Yes No

Which Nation(s)/Band(s) do you belong to? _____

Which community/reserve do you live on? _____

Do you have any dietary restrictions or allergies (e.g., are you vegetarian, vegan, etc...)?

What's your favorite food?

Would you like to receive updates about future YouthCO and Yúusnewas events (i.e. film screening, future projects)?

Yes No

Person (s) to Contact in Case of Emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you know any good jokes?

- YES
- NO

This next page is info that would be helpful to know but ONLY if you feel comfortable sharing. We'll use this info in planning the training so we can do a better job of meeting your needs/interests.

How do you describe your sexual orientation identity? (hetero/homo/bi sexual, questioning, not sure, 2 spirit, etc.)

How do you describe your gender identity? (female, male, 2 spirit, trans, not sure, etc.)

What is your HIV status?

HIV positive

HIV negative

Not sure/ unknown

Prefer not to say

Do you have any medical issues or physical mobility concerns that might impact your participation at the training?

Is there anything else that may prevent you from fully participating at the training?
Mental, emotional or spiritual?

SPONSOR INFORMATION

In order for youth to attend this training, they need a mentor from the community who can commit to supporting them after the training. Our goal is to tie youth into a supportive network so that they can share the information that they learn at the training and potentially volunteer for events such as health fairs and community workshops.

Name: _____

Mentorship position:

- Community Health Nurse
- Community Health rep
- Teacher
- Around the Kitchen Table graduate (HIV facilitation training for women)
- Other _____

Mailing Address: _____

Phone (work): _____ Phone (Cell): _____

Email: _____

Finally, we want to know why you want to attend this training. (This section is required)

*Tell us why you think youth peer education around HIV is important for your community?
(200 words max, feel free to be creative – writing, drawing, art, poetry are all welcome)*

Tell us why you think reclaiming our bodies and sexuality is important for the health of Indigenous peoples.

(200 words max, feel free to be creative – writing, drawing, art, poetry are all welcome)

Return Completed Applications to:

Olivia Reynolds

Yúusnewas Program Manager, YouthCO

By email: oliviar@youthco.org

If you have any questions about the training or application form please contact Olivia at oliviar@youthco.org or 1-604-688-1441 or visit www.youthco.org

Applications Due by Wednesday February 1st, 2016

****please note that this training doesn't include a trip to the city as the location of the retreat is in Langley**

Training Consent Form

HIV Peer Educator Training and Video Making Workshop Event Description:

First Direction: Aboriginal Youth HIV Peer Educator Training and Video Making Workshop (the "Event"), is an initiative led by YouthCO HIV and Hep C Society supported by the First Nations Health Authority. YouthCO has been operating for 21 years providing peer education and support to youth around HIV.

The focus of the Event is to bring Aboriginal youth together from across the province to develop a video resource about HIV that is relevant to their communities.

Participants will be involved in a four day film making workshop with a group of 20-30 youth. During the workshop the participants will receive training on HIV, sexual health, and safer sex. At the end of the workshop the participants will have produced short films on the subject of HIV prevention and testing.

YouthCO will cover travel costs to and from the workshop as well as meals and accommodations during the training to participants whose applications are accepted.

Youth under the age of 19 will be accompanied by a Youth Supporter, an adult chaperone or older youth under 29, from the same community. The Youth Supporter will be responsible to supervise youth participants in their travel to/from and during the workshop. Youth supporters will be selected by YouthCO and representatives (e.g. health nurse, band council) from participating communities.

Date: **Wednesday March 15th – Monday March 20th**

Training Itinerary:

Wednesday March 15th

- Morning/afternoon youth & youth supporters travel to Vancouver (Langley) BC
- Evening opening prayer and welcoming. Dinner is provided
- Participants stay overnight at Springbrooke Retreat Centre

Thursday March 16th to Sunday March 19th

- Workshops on decolonization, HIV and sexual health
- Video-making

Monday March 20th

- Morning programming
- Pack and tidy
- Participants travel back home

Location: **Springbrooke Retreat and Conference Centre**
22778 72nd Avenue, Langley, B.C. V2Y 2K3
(approximately 1 hour from Vancouver International Airport)

If you're under 19 years old, please have a Guardian sign below:

NAME OF YOUTH PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

I hereby consent to allow my child to attend the First Direction: Aboriginal Youth HIV Training and Video Making Workshop (the "Event"), as set out in the event description.

I acknowledge that the role of YouthCO HIV and Hep C Society ("YouthCO") is limited to funding and coordinating the Event, and that YouthCO does not bear any responsibility for adult sponsors (youth mentor), for the safety and/or supervision of my child during the Event, nor during transportation to and from Event activities.

I have read and understood the information provided with this form.

Print Name

Signature

Date

Relationship to child

*If you have questions about the training please contact Olivia Reynolds,
Yúusnewas Program Manager, YouthCO by*

email: oliviara@youthco.org

phone: 1-604-688-1441

Photo/Video Release Form

I _____ give permission to YouthCO HIV and Hep C Society to use photographs, audio and/or video footage taken of or by me at the *First Direction: Aboriginal Youth HIV Training and Video Making Workshop* on March 15th – 20th, 2017.

I consent to allow these photographs, audio and/or video materials to be used in publications or promotional material produced by YouthCO and/or those acting within YouthCO's permission, and to be distributed in print, electronic (including internet publications), and video format.

Print Name

Signature

Date

If you're under 19 years old, please have a Guardian sign below:

I have read and understood the information provided with this form. I give permission to YouthCO HIV and Hep C Society to use photographs, audio and/or video footage taken of or by the youth under my guardianship at the *First Direction: Aboriginal Youth HIV Training and Video Making Workshop* on March 15th – 20th, 2017.

I authorize the use of these photographs, audio and/or video materials as described above. I understand that there will be no compensation, payment or remuneration for photographs, audio and/or video taken during this time.

Print Name

Signature

Date

Relationship to child

***In order to participate in the training, everyone attending must sign a Photo/Video Release Form**