



YOUTH 20/20 CAN APPLICATION

Welcome to the Volunteer Nanaimo Team! Thank you for registering as a participant in the Youth 20/20 Can program hosted by Volunteer Nanaimo. For more information on this program please email youth2020cannanaimo@gmail.com

Thank you for registering to participate in the Youth 20/20 Can program. We are collecting information to learn more about youth in general. You can share your contact information if you choose so that program evaluators can follow up with a survey each year. <i>Your identity will be protected.</i> Do you consent to share your contact information with the program evaluators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As of today, are you 19 or older, the age of majority in British Columbia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT INFORMATION

Name	
Year of Birth	
Phone Number	
Email	
Mailing Address	

Is this the first time in a Canada Service Corps program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
Are you a newcomer to Canada, within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer
Is the place where you live rural or remote?	<input type="checkbox"/> Rural <input type="checkbox"/> Neither Rural nor Remote <input type="checkbox"/> Remote <input type="checkbox"/> No Answer <input type="checkbox"/> Rural and Remote
What is your highest level of education?	<input type="checkbox"/> No certificate, diploma or degree <input type="checkbox"/> Elementary School <input type="checkbox"/> Secondary (high) school diploma or equivalent certificate <input type="checkbox"/> Apprenticeship or trades certificate or diploma <input type="checkbox"/> College, CEGEP or other non-university certificate or diploma <input type="checkbox"/> University certificate or diploma below bachelor level <input type="checkbox"/> University certificate, diploma or degree at bachelor level or above <input type="checkbox"/> No Answer



What is your official language preference?	<input type="checkbox"/> English <input type="checkbox"/> No Answer	<input type="checkbox"/> French <input type="checkbox"/> No Answer
What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Another gender	<input type="checkbox"/> Female <input type="checkbox"/> No Answer
Do you identify as 2SLGBTQI+?	<input type="checkbox"/> Yes <input type="checkbox"/> No Answer	<input type="checkbox"/> No
Do you identify as part of a visible minority or racialized group?	<input type="checkbox"/> Yes <input type="checkbox"/> No Answer	<input type="checkbox"/> No
If yes, from which visible minority or racialized group or groups?	<input type="checkbox"/> Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Latin American <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Visible minority n.i.e (not included elsewhere)	<input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> South Asian <input type="checkbox"/> West Asian <input type="checkbox"/> Multiple visible minorities <input type="checkbox"/> No Answer
Do you identify as a person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No Answer	<input type="checkbox"/> No
Do you identify as Indigenous?	<input type="checkbox"/> Yes <input type="checkbox"/> No Answer	<input type="checkbox"/> No
If yes, from which Indigenous group?	<input type="checkbox"/> First Nation <input type="checkbox"/> Other (non-affiliated, metis, etc.)	<input type="checkbox"/> Métis Citizen <input type="checkbox"/> No Answer
Are you from an Official Language Minority Community? (OLMC) (A French-speaker living outside of Quebec)	<input type="checkbox"/> Yes <input type="checkbox"/> No Answer	<input type="checkbox"/> No
If yes, from which OLMC?	<input type="checkbox"/> French speaker living outside of Quebec, where English is predominant <input type="checkbox"/> English speaker living in Quebec, where French is predominant <input type="checkbox"/> No Answer	

I hereby declare that the information provided is true and correct.

Signature

Date