

# SURVIVOR CONFERENCE 2009 SUPPORTER APPLICATION FORM

**DEADLINE FRIDAY OCTOBER 2<sup>ND</sup>, 2009**

<b>YACC Office Use Only:</b>	
<input type="checkbox"/> Registered	<input type="checkbox"/> E.Group
<input type="checkbox"/> S/Sheet	<input type="checkbox"/> TA
<input type="checkbox"/> Svd.	<input type="checkbox"/> Conf. E.
<input type="checkbox"/> D/B	<input type="checkbox"/> Sup.Ap.
<input type="checkbox"/> Ltr	

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name of survivor you are supporting: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**MEDICAL INFORMATION**

Please list current medications you are taking:

<u>Medication</u>	<u>Prescribed for</u>	<u>Dose/times/day</u>	<u>Start date</u>

Are you currently being treated for any health concerns or medical conditions (i.e. Seizures, Diabetes, Asthma, etc)?

Please list any activity restrictions and physical limitations you have that would make it difficult for you to fully participate in the program (there will be group activity opportunities including: volleyball, hiking, walking):

Are you allergic to any food or have any food restrictions or special dietary needs (i.e. vegetarian)?

Any other allergies?

Will the cost of travel prohibit you from attending the conference\*? YES / NO

*\*NOTE: If you are unable to attend the conference because of financial constraints, please discuss this with us. Young Adult Cancer Canada has travel assistance available which is based on need. However, we do have several tools/resources that you can use to **help you fundraise** money to help pay for your travel. If you answered 'Yes' to the above question we will connect with you to explain these options.*

---

### **APPLICATION QUESTIONS:**

Every year, we are working to make the conference better and more in sync with your needs. In order to do that, we need to know what motivates you to attend the conference and also where you are currently in your life. Please take some time to answer those few questions.

1. Why would like to attend the Survivor Conference?
2. What expectations do you have from the weekend?
3. What comes into mind (feelings, opinions, ideas, actions, etc.) when your hear the words:

Support for young adults:

Fund development for young adults:

Awareness about young adults:

4. Reflecting on your own experience, what changes do you feel are necessary to help young adults in the cancer world?

# Where are you at the present time?

You will find below major areas of life. Please circle (or if you are filling this using your computer change the color of the number you choose) the number representing how you feel about each issue at the present time. We will compile your results and will give you a visual of your satisfaction level at the conference.

**Date:** \_\_\_\_\_

## The Eye of the Tiger: My Physical Health

Level of Satisfaction (1 = not satisfied 10= very satisfied)



## Mirror, mirror: Self Esteem/Emotional Health

Level of Satisfaction (1 = not satisfied 10= very satisfied)



## Don't want to live in a Woody Allen movie: Relationships: My Family and my Friends

Level of Satisfaction (1 = not satisfied 10= very satisfied)

### **FAMILY**



### **FRIENDS**



## Everything You Always Wanted to Know about Sex; But were Afraid to Ask Sexuality/Intimacy

Level of Satisfaction (1 = not satisfied 10= very satisfied)



## Show me the money!

### Finances

*Level of Satisfaction (1 = not satisfied 10= very satisfied)*



## Back to the Future

### School and professional life

*Level of Satisfaction (1 = not satisfied 10= very satisfied)*



## Fun! Fun! Fun?

### My free time

*Level of Satisfaction (1 = not satisfied 10= very satisfied)*



## Yes We Can

The community (i.e. involvement in projects in your community, fundraising, speeches, volunteering, etc.)

*Level of Satisfaction (1 = not satisfied 10= very satisfied)*



### Comments:

*\*Note: if you are confirmed for the conference and you find out that you will be unable to attend, please let us know as soon as possible.*



[karine@youngadultcancer.ca](mailto:karine@youngadultcancer.ca)

P.O. Box 8171, St. John's, NL, A1B 3M9