**Application Form**



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| **Full Name:** **DOB (mm/dd/yy)**: **Age:** | | |
|  | | |
| **Are you a cancer survivor or supporter?** \_\_\_ Survivor \_\_\_ Supporter **Sex:** \_\_\_ F \_\_\_ M | | |
|  | | |
| **How old were you (or your loved one) when you (they) were diagnosed with cancer?** | | |
|  | | |
| **When did you (or your loved one) complete treatment?** (mm/yy) | | |
|  | | |
| **Have you attended Localife events?** \_\_\_ Y \_\_\_ N **If yes, when was your first event?** | | |
|  | | |
| **Have you ever attended a YACC event (e.g., Retreat Yourself; Survivor Conference, etc.)?** \_\_\_ Y \_\_\_ N | | |
|  | | |
| **If ‘Yes’, please tell us which event and which year you attended:** | | |
|  | | |
| **If ‘No’, please provide us with a reference** *(If possible, please choose a reference who has a professional role related to cancer – e.g., social worker, nurse, oncologist, someone who works at a cancer organization; support group coordinator, etc.)* | | |
| **Full Name: Organization/Institution:** | | |
|  | | |
| **Role: Phone #: Email:** | | |
|  | | |
| **How long has this person known you?** | | |
|  | | |
|  | | |
| **Are you able to commit 2 – 3 hrs/week (~10hrs/mth) to being a Localife Leader from June 2015 to June 2016?** \_\_ Y \_\_ N | | |
|  | | |
| **Do you have an educational/professional background in one of the following areas?** *(check all that apply)* | | |
|  | | |
| \_\_\_ Recreation Therapy | \_\_\_ Social Work | \_\_\_ Nursing |
| \_\_\_ Psychology/Counselling | \_\_\_ Health Promotion | \_\_\_ Camp Counsellor |
| \_\_\_ Art Therapy | \_\_\_ Volunteer Coordination | \_\_\_ Digital Media |

\_\_\_ Event Planning

**Please Note:** *It is very important that we can read your responses ☺ If you are unable to type your responses, please ensure that your handwriting is neat and legible. The space allotted for responses is a suggestion. Feel free to type more or add additional pages when necessary.*

**1. Please tell us a bit about your cancer journey** *(1 – 2 paragraphs; e.g., diagnosis, treatment (type/ length), where you received treatment; relapse?; how it impacted your life, major challenges, major sources of strength, etc.).*

**2. It is important that our Localife Leaders are in a place of peace and acceptance with their personal cancer experiences. Please tell us about some of the key experiences you’ve had that have contributed to your healing process and have inspired you to give back to your young adult cancer peers.**

**3. Please tell us a little bit about what you’re up to these days** *(e.g., time commitments related to school, work, family, adventures, volunteering, etc.).*

**4. How, if at all, have you been involved in giving back to the young adult cancer community** *(e.g., volunteering, raising public awareness, fundraising, etc.)?*

**5. The major focus for this position will be coordinating Localife – an activity-based program that involves bringing young adult cancer survivors/supporters together to enjoy fun activities and social time. Examples of Localife activities include movie night, curling, hiking, etc. Please tell us why you think you’d be great at coordinating Localife** *(e.g., group facilitation skills; recreation interests/skills; outgoing personality; organizational skills; etc.).*

**6. We will also be asking our Localife Leaders to build and nurture relationships between YACC, health professionals, and the larger community. This may involve reaching out to health professionals to tell them of our programs, or helping out with our annual fundraiser (the Shave for the Brave). Please tell us why you think you’d be great in this role** *(e.g., well-connected in your community; fundraising experience, etc.).*

**10. In general, when are you available to host events (please check all that apply)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **M** | **T** | **W** | **Th** | **F** | **S** | **S** |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evenings** |  |  |  |  |  |  |  |

**11. We understand it is difficult to confirm availability for the upcoming year. However, we would like to know if there are any potential time conflicts you can forsee at this point** *(e.g., you will be travelling out of province in August; you have a major work/life commitment in October; you are studying for a major entrance exam, etc.).* **If applicable, please provide details below.**

**Contact Information:**

**Phone Number:**

**Email Address:**

**Mailing Address:**

**How did you hear about this leadership opportunity?**

\_\_\_\_\_ Email from YACC

\_\_\_\_\_ Facebook

\_\_\_\_\_ YACC website

\_\_\_\_\_ Health Professional (Who was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Please return completed application form to Shali Manuel by**

**Sunday, June 14 / 15**

**By email:** shali@youngadultcancer.ca

**By fax:** (709) 579-7326