



**SOUTH VANCOUVER NEIGHBOURHOOD HOUSE**

6470 Victoria Drive, Vancouver, B.C. V5P 3X7 phone: (604)324-6212  
fax: (604)324-6116 website: www.southvan.org

Program: \_\_\_\_\_

**Youth Action Program (YAP)**

Applicant : \_\_\_\_\_  
(Last) (First) (Initials)

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Grade Level:  
\_\_\_\_\_

School: \_\_\_\_\_

Hobbies, Skills, Languages Spoken: \_\_\_\_\_

Activity Preferred:

- |                                     |   |                                |
|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> CB         | <input type="checkbox"/> Homework       | <input type="checkbox"/> OSC:  |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Programs       | <input type="checkbox"/> Other |
| <input type="checkbox"/> Summer     | <input type="checkbox"/> Special Events | <input type="checkbox"/> _____ |

Days and Time most convenient for participating: \_\_\_\_\_

Is there anything that may affect participating in a program?: \_\_\_\_\_

If YES, please specify: \_\_\_\_\_

Why are you interested in programs with our Neighbourhood House?: \_\_\_\_\_

Who referred you to our agency?: \_\_\_\_\_

Present or previous experience with youth programs \_\_\_\_\_

Reference: \_\_\_\_\_  
(Name) (Occupation) (Phone #)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ CareCard #: \_\_\_\_\_

**Important Medical Information (Allergies, Medications)**

I authorize ANH to use any photographs taken of myself while participating with South Vancouver Neighbourhood House programs for ANH brochures and promotional materials including the SVNH website (please check) \_\_\_yes \_\_\_no

South Vancouver Neighbourhood House and ANH respect your personal privacy. The information collected here is in compliance with BC Personal Information Protection Act. If you have any questions please contact us at: [svnh@southvan.org](mailto:svnh@southvan.org) or call (604) 324-6212.

SVNH is a Scent Free Facility. Please no perfumes or scented products

Membership to SVNH is current

