



**“Rights. Advocacy. Action!”**  
**Voices: Manitoba’s Youth in Care Network**  
**Adult Support/Volunteer Registration Form**  
**October 7<sup>th</sup> to 9<sup>th</sup>, 2022**

*Please return registration form by Friday, September 30<sup>th</sup>, 2022*

I am:

An Adult Support accompanying a Participant

A Volunteer (age 24+, or youth leader who has completed training)

**Your Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have any special meal requirements? Yes: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Are you required to take any medication? \_\_\_\_\_

**Only prescription medication is permitted, and will be kept in a safe, secure location.**

Health card number: Six digit: \_\_\_\_\_ Nine digit: \_\_\_\_\_

**Agency or Organization Contact Information**

Agency or Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Supervisor or Alternate Contact: \_\_\_\_\_

Youth you are accompanying: \_\_\_\_\_

**Cost: \$150 (cost is waived for volunteers)**

**To be paid by: Agency or Organization \_\_\_\_\_ Myself \_\_\_\_\_**

**Photo and Video Release**

I \_\_\_\_\_ give Voices: Manitoba’s Youth in Care Network permission to take my picture and/or record me (audio and/or video) over the weekend of the Voices Network Retreat, October 7<sup>th</sup> to 9<sup>th</sup>, 2022. I will be given the opportunity to approve photos and/or recordings before they are used in the newsletter, on System Kidz (Voices radio program), or for any other purpose. I waive all claims for any compensation for their use.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Voices: Manitoba's Youth in Care Network**  
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**Phone: 204.982.4956 Toll free: 1.866.982.4956 Fax: 204.982.4950**  
**ask@voices.mb.ca**



## Adult Support/Volunteer Agreement

I agree to the following Code of Conduct for the Voices Network Retreat:

- I will not consume or bring any alcohol or non-prescribed drugs before, during or en route to/from the retreat. I will not bring any weapons to the retreat. **Safe and sober for the weekend.**
- I understand that any sexual relations or harassment of any kind will not be tolerated. **Focus on Friendships.**
- I commit to participating in all of the activities. When I need a break, I will leave the youth in my care under the watch of another adult/volunteer. **Get in there!**
- I will treat Manitoba's Youth in Care Network staff and volunteers, and the Camp Arnes staff with respect. I understand that their role is to look out for the safety and well-being of the retreat participants. **It's all love!**
- I will smoke only in areas designated by Camp Arnes staff. **Respect the environment.**
- I will not enter any dorm room other than my own unless absolutely necessary. **Don't touch!**
- I understand that the purpose of the Voices Network Retreat is to increase the leadership skills of youth in and from care in the areas of rights and advocacy. **Be empowered!**
- I agree to do my best with the skills I bring to the team. **Change (my) world!**
- I agree to lead by example. **Set the pace, protect our space.**
- I agree to have fun! **Woot-woot!!!**

Your Name: \_\_\_\_\_

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