

# COMMUNITY PARTNERSHIP PROGRAM

## APPLICATION FORM



- 1) Before completing this application, please familiarize yourself with the Community Partnership Program Handbook.
- 2) Please submit with your application any communication materials that highlight your programs or services.

**ORGANIZATION CRITERIA AND RESPONSIBILITIES:** Please check where applicable ✓

- Group is a youth serving organization, agency or school.
- Group will select appropriate campers based on the "Participant Criteria" noted below.
- Group will select a minimum of 40 children/youth to participate in the program.
- Group will provide qualified staff for supervision of participants.
  - Minimum ratio of **1:10**
  - Staff are a minimum of **18** years of age
  - All staff accompanying the group must have a **current Police Security Check**
  - At least one staff member is to be certified with current **Standard First Aid and CPR**
- Group is able to attend and participate in overnight camp experience (no day trips).
- Group staff will provide all supervision and care of children, including overnight supervision in camp buildings and bunkhouses.
- Group Coordinator will help to coordinate, along with THCF staff, a pre-camp orientation meeting for children/youth and parents/guardians.
- Group Coordinator will ensure all THCF Camp Forms (Camper Medical Alert Form and Release and Indemnity) are completed and submitted to the Foundation Camp within specified time.
- Group will provide liability insurance naming the Tim Horton Children's Foundation, Inc. (for Canadian Camps) or Tim Horton Children's Foundation (US), Inc. (for U.S. Camp) as "additional insured". A copy of the Insurance Certificate must be submitted within two weeks of receiving group approval and specific trip dates.

**PARTICIPANT CRITERIA:**

- Participants are from **economically disadvantaged** homes as outlined on the last page.
- Participants are between 8 and 18 years of age.
- Participants are socially well adjusted and able to interact positively with peers and camp staff.
- Participants are not required to pay a fee for this experience.

<b>FOR OFFICE USE ONLY:</b>	
Date application received: _____ Date application reviewed: _____ Criteria Met: <input type="checkbox"/> YES <input type="checkbox"/> NO Follow Up Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Notes: _____ _____ _____ _____
Approval: # Adults _____ # Campers _____ Dates assigned: _____	Administration Manager: _____ General Manager: _____

**PART 1: COORDINATOR INFORMATION**

Organization Name: \_\_\_\_\_

Group Coordinator 1: \_\_\_\_\_

Title: \_\_\_\_\_

Group Coordinator 2: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**PART 2: ORGANIZATION INFORMATION**

**Please answer the following questions in point form.**

Please briefly describe your organization's mission and objectives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe the children/youth served by your organization including their social-economic profile:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## PART 4: PROGRAM EVALUATION AND PROMOTION

How will you evaluate the impact that this experience has on your participants following their trip to camp?  
This may include the benefits that are transferred to the communities and families of the camper.

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Will you be promoting this partnership through your website or other media?

**YES:**  Website  Brochures  Press Release  Other **NO:**

If "yes" please describe:

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Website (if applicable): \_\_\_\_\_

**Please Note:** The Tim Horton Children's Foundation must approve any materials containing our name or logo.

## PART 5: DECLARATION

We, \_\_\_\_\_ and \_\_\_\_\_ affirm that the information contained in this application is accurate and correct, to the best of our knowledge.

Group Coordinator 1:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First and Last Name)

Group Coordinator 2:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First and Last Name)

### OUR GUIDELINES

These guidelines are provided to help you determine if your participants meets our criteria.

The Tim Horton Children's Foundation uses a combination of the Low Income Cut-Offs (LICOs) as published by Statistics Canada and the Poverty Thresholds published by the U.S. Census Bureau to determine financial eligibility.

Total Family Size (adults + children)	Total Household Income
2 people	Less than \$26,000
3 people	Less than \$32,000
4 people	Less than \$38,000
5 people	Less than \$45,000
6 people	Less than \$52,000
7+ people	Less than \$57,000