

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 communication materials highlighting your programs or services.

Part 1: General Information

Organization Name: _____

Group Coordinator 1: _____

Title: _____

Group Coordinator 2: _____

Title: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____

Alternate Phone Number: _____

Email: _____

Please describe your organization's mission/philosophy/objectives/mandate:

Community Partnership Program



Part 3: Partnership Information

- 1) On a separate sheet of paper, please describe the goals and objectives of the partnership you wish to establish with the Tim Horton Children's Foundation.
 - Please feel free to contact the camp you wish to partner with before completing this section to answer any questions you might have and to see if your plan fits within the camp's programs and resources.
 - Please include information related to the partnership you wish to establish and how this relationship would fit into your overall learning objectives.
 - What are your goals of this partnership? How would the Tim Horton Children's Foundation help you achieve these goals?

2) Please indicate the time of year you prefer: Spring Summer Fall Winter

3) Please indicate the preferred length of stay: _____
(minimum stay is **two days/one night**) days night(s)

4) What is the age range of the children/youth participating in this program? _____

5) How many children/youth will be participating in this program? _____
(Minimum of **20** children/youth required.)

6) Are there any children/youth participating in the program that would require one-on-one or extra support? Please explain.

7) How will you evaluate the effectiveness of this experience in meeting your goals?

8) How will you promote this partnership?

(Please note: The Tim Horton Children's Foundation must approve any materials containing our name or logo)



Community Partnership Program

Part 4: Partnership Requirements

This section must be completed and signed by the Group Coordinators in order for the application to be considered for approval.

Organization Criteria and Responsibilities:

- 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 20 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 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 Health History and Release and Indemnity) are completed and submitted to the Foundation Camp two weeks before the group's visit.
- 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 two weeks before the group's visit to camp.

Participant Criteria:

- Participants are from **economically disadvantaged** homes as outlined in the CPP Handbook.
- Participants are between 8 and 18 years of age.
- Participants are grouped by age, gender and number in a manner that the hosting THCF camp can accommodate.
- 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.

Note: Please ensure that all supporting documentation is sent together with this application form. Please allow 3 to 4 weeks for processing.

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

Group Coordinator 1: _____
(First and Last Name)

Signature: _____

Group Coordinator 2: _____
(First and Last Name)

Signature: _____

FOR OFFICE USE ONLY:

Rec'd: _____	Complete: _____
STATUS: _____	Staff Initials: _____