



Alternate Host Contract

Complete all sections. Incomplete forms will not be accepted. Make sure all information is correct. Purposely giving false information may lead to your being dismissed from the program.

Personal Information *Use full name as it appears on your official identification*

First Name _____ Last Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Contact Phone (_____) _____

Declaration

I, (host) _____, warrant that all information described above is correct to the best of my knowledge. I hereby consent to and authorize the release and disclosure of that information to representatives of the Government of Canada (Canada) department that funds the YMCA Youth Exchanges Canada Program, delivered by the YMCA of Greater Toronto in partnership with the YMCA of Greater Vancouver, YMCA of Northern Alberta and the YMCAs of Quebec (collectively referred to as YMCA) for the specific statistical and related purposes

Signature

Date

General Terms and Conditions

Statement on Government Funding and Collection of Participant Information

I understand that Canada funds this YMCA program, and therefore the program may be subject to government approval and conditions, which may be varied from time to time. Participation in this program is non-transferable. Should funding cease, YMCA shall refer participants to a government representative for more information or to other service providers in the community whenever possible.

I also understand that since funding for the program has been provided by Canada, Canada needs my participant information to measure the result of the program, evaluate the program's success in achieving stated objectives and meet reporting accountabilities to the Parliament and the Canadian Public.

The information is administered in accordance with the Privacy Act and the Department of Employment and Social Development Canada Act. I have a right under the Access to Information Act to obtain that information. For more information about your privacy rights, visit the Government of Canada website. www.Canada.ca

I understand that in addition to collecting information on behalf of the Government as required, YMCA may be involved in other research projects. In order to provide the highest standard of program quality, participants may be requested to complete a questionnaire either before, during and or after the exchange has taken place. All information collected will comply with Canada's Privacy Act or applicable provincial or municipal privacy law.

Limitation of Liability

YMCA is not responsible for any bodily injury, loss, or damage to personal property suffered by the participant before, during, or after the exchange, unless such injury, loss, or damage is the direct and sole result of proven negligence on the part of YMCA. I understand that participation in the program is voluntary.

YMCA Commitment to Privacy

YMCA of Greater Toronto is committed to protecting personal information by following responsible information handling practices. YMCA collects and uses information I volunteer when I access or register for a YMCA program in order to better meet my service needs, to ensure a safe environment, for statistical purposes, to inform me about the YMCA program in which I am registered, and to satisfy government funding and regulatory requirements. I may also hear from YMCA periodically about other programs, services and opportunities that may interest and benefit me. I may request access to information under the applicable privacy law. For more information on YMCA's commitment to privacy, please visit the website: <https://ymcagta.org/privacy>

YMCA Commitment to Confidentiality

Both YMCA and the Group Leader are committed to the respect of the individual, which includes the maintenance of participant confidentiality. However, the confidentiality of the YMCA-participant relationship is not absolute. There are circumstances that limit the confidentiality of such information. YMCA may collect, use or disclose information without your prior knowledge or consent if it is in your best interest as in, for example, an emergency situation where the life, health or security of an individual is threatened. YMCA may disclose personal information without prior knowledge or consent:

1. To a lawyer or other legal representative of the YMCA.
2. To a government body or agency in certain circumstances.
3. To the relevant authorities if you disclose information relating to the abuse of a child or vulnerable person.
4. To comply with a subpoena, warrant or other court order, or as may be otherwise required by law.
5. To the extent that this information is required to provide program services, including but not limited to program delivery and site coordination.

Exchange Participation

To take part in YMCA Youth Exchanges Canada, all participants, youth and adults, must show that they understand their responsibilities within the exchange and must show mature and responsible behaviour at all times. You are asked to sign this form to say that you accept the following conditions as well as agree to respect the guidelines set by the Group Leader.

I understand that to participate in a travel based in person exchange, all participant and group leader travelers will need to meet any travel and transportation vaccination requirements as outlined by the Government of Canada at the time of travel.

I also understand that all participants and group leaders will need to adhere to local, provincial and territorial public health guidelines, mandates and vaccination requirements in both home and host communities throughout the duration of the exchange period.

You agree that behaviour that puts you or others at physical or emotional risk will result in immediate removal of the youth from your home, at the discretion of the group leader.

You are aware and understand that as a condition of being allowed to participate in YMCA Youth Exchanges Canada, the youth participant has signed off that they are not suffering from any contagious illness and are in a condition, mentally and physically, to be able to participate in the exchange, and has informed the Group Leader of any limitations or restrictions that may need to be accommodated (e.g. severe food allergies, etc.).

The participant and the participant's parent or guardian have also agreed that the participant's possession or consumption of alcohol or illegal or harmful substances will result in immediate dismissal.

You agree that in the event of emergency medical attention or evacuation, you will not hold the YMCA responsible for any costs resulting from the situation.

I have carefully read and am fully aware of all conditions of participation and the confidentiality statement.

Signature

Date

Alternate Host Contract

I will host a participant.

Yes No

How many? _____

If you answered yes, please review and sign below.

I covenant and agree that I will not discriminate or permit any discrimination by reason of race, creed, sex, sexual orientation, gender, ability, colour, nationality, and ethnic origin, place of birth or language of a participant.

I agree to host the participant(s) and provide accommodation (personal sleeping space, adequate toilet facilities), meals and snacks as outlined on the host plan provided by the group leader and arrange approved local transportation for the duration of the exchange.

I have provided the names of four references (not related) and understand that you will call three of them.

I understand that the contents of this application will remain confidential. I understand that host family screening is mandatory for participation in this national exchange program and I will take part in the specific procedures put in place by the group organizer in this regard.

I agree to notify the group organizer in a timely manner if any changes need to be made to the billeting arrangements.

I agree to provide adult supervision and take full responsibility for the participant(s) while they are hosted in my home. I will provide a safe and secure environment.

I will provide whatever help is needed in getting a sick participant to a doctor or hospital and to inform the group leader immediately of the situation.

I have read the above responsibilities as a host and I am willing to undertake this responsibility and will receive as a guest in my home a billet(s) with all of the privileges and responsibilities which this entails.

Signature

Date



Family References

Please list four people. They **MUST NOT be related to you**, and they **MUST** have known you for at least three years. Please provide home/cell and work numbers. We will contact three of the names you list. Please ask them to agree to be references before you give us their names. Thanks.

Name of participant _____

Name of host _____

1. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

2. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

3. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

4. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

They could include an employer, co-worker, family doctor or your child's teacher or principal. References that would not be appropriate would include employees, family members such as in-laws or partner