

## 2024 Application Form

|                                 |              |
|---------------------------------|--------------|
| Name of Applicant Organization: |              |
| Address:                        |              |
| City:                           | Postal Code: |
| Phone:                          | Extension:   |
| Email:                          | Website:     |

Organization Incorporated as:

- Registered Charity  
  Non-Profit Society  
  Government Agency  
  School  
  Other

If Registered Charity, provide CRA number:

If Non-Profit Society, provide Society's number:

1. Which best describes your programs. Check all that apply:

- After School       Community center       Counseling       Camp  
 Foster Care       Government Program       Health Centre       Mentoring  
 Religious       Residential Home       School       Shelter  
 Other (Please List)

2. Demographics - Please help us understand the clients you serve:

- At-Risk Youth       Health Barriers       Low Income       Rural  
 Addictions       Homelessness       Mental Health       Women & Children  
 Domestic Violence       Indigenous       Newcomers       Other  
 Foster Care       Learning Disabilities       Physical Challenges  
 Seniors       LGBTQ+       Refugees

3. Event Interests (check all that apply):

- Attractions       Dance       Movies       Snowboarding  
 Baseball       Festivals       Museums       Soccer  
 Basketball       Football       Musical Theatre       Special Events  
 Bowling       Galleries       Paddling       Swimming  
 Camps       Golf       Recreation       Theatre  
 Comedy       Hockey       Rugby       Volleyball  
 Concerts       Kayaking       Sailing       Wind-Surfing  
 Cooking       Lacrosse       Skating       Yoga

4. How many children under 18 do you serve total? \_\_\_\_\_
5. How many children do you serve in these categories?  
0 - 6 years \_\_\_\_ 7 - 12 years \_\_\_\_ 13 - 18 years \_\_\_\_
6. As an agency, it is your responsibility to distribute the number of tickets you receive. We ask that you please consult with recipients before making a request for the number of tickets you request. Please don't submit requests hoping you can distribute them. Clients must request tickets prior to the Agency requesting tickets. Do you agree?  
 Yes  No
7. Children and youth (18 and under) must attend the events. Parents and chaperones can accompany and attend, but there should always be a higher or equal ratio of kids to adults. Do you agree?  
 Yes  No
8. Experiences are NOT to be used personally or given to family or friends. Agency staff members are welcome to chaperone kids, groups, or families to events. However, staff are not allowed to access our programs unless we specifically say in the email that they are open to staff. Do you agree?  
 Yes  No
9. If a recipient cannot use the tickets that were provided to them, they should not sell or redistribute them. If you receive a donation but realize the intended recipient cannot use it, you must attempt to redistribute to other folks affiliated with your agency or return them promptly to Kids Up Front. Do you agree?  
 Yes  No
10. Kids Up Front staff may attend an event to audit seats and may request a report and feedback regarding the use of tickets. Do you agree to provide reports when requested?  
 Yes  No
11. Are your clients aware of, and using the E-Hub that lists all the opportunities available?  
 Yes  No
12. Are you able to send somebody from your organization to pick up event tickets from Kids Up Front when e-ticket distribution is not available? (Clients are NOT permitted to pick up tickets.)  
 Yes  No
13. Is your organization able to provide photos and/or videos of recipients at events (with a signed waiver providing permission to Kids Up Front to use those images)?  
 Yes  No
14. What is your level of Commercial Liability Insurance coverage?  
**Please attach a copy of your general liability insurance certificate/proof of insurance.**  
 \$1M  \$2M  Over \$2M

|  |              |
|--|--------------|
| Name of Executive Director / Principal / President:<br>(Signing Authority) |              |
| Position:  |              |
| Phone:   | Cell Number: |
| Email Address:   |              |

|  |              |
|--|--------------|
| <u>Primary Experience Coordinator Contact:</u> |              |
| Position:                                      |              |
| Office Phone:                                  | Cell Number: |
| Email Address:                                 |              |

|  |              |
|--|--------------|
| <u>Alternative Experience Coordinator Contact:</u><br>(approved by Signing Authority): |              |
| Position:  |              |
| Office Phone:  | Cell Number: |
| Email Address:   |              |

Are you aware of and do you follow, like, comment and share our social posts? (@kidsupfrontvan on Facebook, Instagram, and Twitter)

Yes       No

Have you read and do you understand the attached Agency Agreement and these guidelines?

Yes       No