

**Letter of Interest**

**Aboriginal Elders Arts Project**

**Elders will work with artist Todd DeVries on weaving projects starting July 2021. Space will be limited - please let us know about your interest, and we will confirm registration details as soon as we can! You may also contact us at Britannia Community Centre 604-718-5837.**

**Thursdays – 1:30-4:00pm for 15 weeks**

**Online through Zoom - Britannia Community Centre (Link will be sent prior to class)**

|  |  |
| --- | --- |
| **Your Name** |  |
| **Your Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |

**Aboriginal Ancestry: First Nations Metis Inuit Non-Aboriginal**

**If First Nations/Non-Aboriginal, please indicate which nation/nationality. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please let us know why you would like to be part of this group.**

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**What do you hope to gain from participating in this program?**

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**What part of your culture specifically do you hope to connect with, through this program?**

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**Are you interested in participating in celebrations and community sharing?**

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**Anything else you would like to share about yourself, please use the space below.**

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**Can you make the commitment to attend the workshops every Thursday online?**

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**IN CASE OF EMERGENCY INFORMATION**

**Birth Date (M/D/Y):**

**BC Care Card (Medical Card) #:**

**Emergency Contact:**

**Relationship:**

**Telephone:**

**Are there any medical conditions our team should be aware of? Yes No**

**If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Name/Phone of physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there allergies we should be aware of? Yes No**

**If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Is the Arts & Health Project/Britannia Community Centre permitted to use your photo as part of website promotion or other? Yes No**

**(If yes, please fill out the next form.)**

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**Britannia Community Services Centre**

**Photo Release Form**

This release form will allow the use of the signer’s photograph for the promotion and marketing of Britannia park and recreation programs and facilities. Examples of such usage would include publications like annual reports, tourism brochures, leisure activity guides in print advertising and on our website/s. Would you be willing to be voice or video recorded for our Britannia Stories Project.

We will not release names or give any other information out regarding the identification of individuals in the photos without their prior consent.

My signature below means I understand that the photographs and/or video footage taken of me may be used for promotional and archival purposes for the ongoing work of Britannia Community Services Centre and Child Care Programs. I also understand that I will not be paid for the use of my image. I consent to this usage as set out above and I release the authorized photographer and/or videographer, Britannia Community Services Centre from any and all claims I may have in connection to the photographs and their usage.

1. Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or X here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_