

Application File

Youth Mobility Program (Ages 16-17)

About the program

The **Youth Mobility** program offers young people aged 16 and 17 (Canadian, Afro-Canadian and Ivorian) a full cultural immersion with carefully selected host families. Participants are supervised 24/7 by our sister NGO, Mystère de l'Hospitalité Côte d'Ivoire, under strict safety and medical emergency protocols.

How to complete and submit this file

1. Fill in this form on screen (Adobe Acrobat Reader or Preview) or print it.
2. The participant **and** their parent or legal guardian must sign section 8.
3. Attach the documents listed below.
4. Send everything to: **[NGO EMAIL]**, with the subject "Youth Mobility Application - Participant's name".

Documents to attach (check once attached)

- ☐ Copy of the participant's passport (or proof of application in progress)
- ☐ Recent photo of the participant (passport format)
- ☐ Copy of vaccination record
- ☐ Participant's motivation letter (one page maximum)
- ☐ Letter of recommendation (teacher, coach or community leader)
- ☐ Legal custody document, if applicable

1 Participant information

LAST NAME

FIRST NAME

DATE OF BIRTH (DD/MM/YYYY)

AGE

GENDER

FULL ADDRESS

CITY

PROVINCE / REGION

POSTAL CODE

COUNTRY

PHONE

EMAIL

SCHOOL ATTENDED

GRADE / LEVEL

LANGUAGES SPOKEN

Does the participant have a valid passport? ☐ Yes ☐ No

PASSPORT EXPIRY DATE

CITIZENSHIP(S)

Country of residence: ☐ Canada ☐ Côte d'Ivoire ☐ Other

2 Parent or legal guardian 1

LAST NAME

FIRST NAME

RELATIONSHIP TO PARTICIPANT

ADDRESS (IF DIFFERENT FROM THE PARTICIPANT'S)

PHONE

OTHER PHONE

EMAIL

Does this parent have legal custody of the participant? ☐ Yes ☐ No

3 Parent or legal guardian 2 (optional)

LAST NAME

FIRST NAME

RELATIONSHIP TO PARTICIPANT

ADDRESS (IF DIFFERENT FROM THE PARTICIPANT'S)

PHONE

OTHER PHONE

EMAIL

4 Emergency contact

Someone other than the parents or guardians listed above, reachable at all times during the stay.

FULL NAME

RELATIONSHIP TO PARTICIPANT

PHONE

OTHER PHONE

EMAIL

5 Health and medical information

This information is kept confidential. It is used only to ensure the participant's safety and to prepare host families and the supervision team.

HEALTH CARD NUMBER

TRAVEL INSURANCE (COMPANY AND POLICY NO.)

Does the participant have any allergies? ☐ Yes ☐ No

IF YES, SPECIFY (FOOD, MEDICATION, OTHER) AND THE REACTION

HEALTH ISSUES, PHYSICAL OR PSYCHOLOGICAL CONDITIONS TO REPORT

REGULAR MEDICATIONS (NAME, DOSE, FREQUENCY)

DIETARY RESTRICTIONS (RELIGIOUS, VEGETARIAN, OTHER)

Vaccinations up to date, including yellow fever? ☐ Yes ☐ No ☐ To be checked

FAMILY DOCTOR

DOCTOR'S PHONE

6 Profile and motivation

WHY DO YOU WANT TO TAKE PART IN THIS PROGRAM?

WHAT WOULD YOU LIKE TO DISCOVER AND LEARN ABOUT YOUR HOST FAMILY'S CULTURE?

WHAT WOULD YOU LIKE TO SHARE FROM YOUR OWN CULTURE? (TALENTS, TRADITIONS, PASSIONS)

Has the participant ever travelled alone or stayed away from family? ☐ Yes ☐ No

7 Authorizations and commitments

The parent or legal guardian checks each box to confirm their agreement:

- ☐ I authorize my child to take part in the Youth Mobility program and to travel as part of this program.
- ☐ In an emergency, and if I cannot be reached, I authorize the supervision team to have my child receive the medical care deemed necessary by a health professional.
- ☐ My child and I have read and agree to follow the program's code of conduct, as well as the rules of the host family and the supervision team.
- ☐ I understand that any serious breach of the code of conduct may lead to an early return, at the family's expense.
- ☐ I certify that the information provided in this file is accurate and complete.

Use of the participant's photos/videos for communication purposes: ☐ I authorize ☐ I do not authorize

8 Signatures

PARTICIPANT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN 1

DATE

SIGNATURE OF PARENT OR GUARDIAN 2 (IF APPLICABLE)

DATE

Protection of personal information

The information collected in this file is used only to review the application, organize the stay and ensure the participant's safety. It is shared only with the supervision team and the host family, as needed, and stored securely. See our privacy policy at mysteredelhospitalite.com.

FOR NGO USE ONLY

Received on

File no.

Processed by

Interview on

Decision

Host family assigned