

## What is the Strive Centre?

It is a multi-service Centre located in East Vancouver offering a variety of services for children, adults and seniors with disabilities including, but not limited to, physical and developmental disability, acquired brain injury, mental health and behavioural obstacles.

## Steps to becoming a Participant:

1. Book a tour.
2. Fill out this form and review programs offered.
3. Book a meeting with Strive Centre staff to review the application, have your questions answered, and to develop personalized goals.

## Participation Criteria

*For Strive Centre use*

Staff Caseload: \_\_\_\_\_

Already a Consumer of Strive Living Society: **Yes / No (circle)**

**If No**, to join the Centre you need meet the following criteria:

- Yes  No I am at least 19 years of age.
- Yes  No I am able to get to and from the Strive Centre independently
- Yes  No I am able to manage my own self care needs and do not require attendant care
- Yes  No I will not behave disruptively or pose a health and safety threat to other people
- Yes  No I will not bring or use illegal substances while at the Centre
- Yes  No I have an acquired brain injury and reside in Vancouver Coastal area (Vancouver, Richmond, North Shore)
- Yes  No **Or** I receive CLBC services and have been referred to the Strive Centre
- Yes  No **Or** I receive other funding (PGT, ICBC, PT/OT, CVAP, other)

## If you answered "No" to any of these questions answer below

- Yes  No I will be accompanied by my own attendant who will assist me at the Centre.
- Yes  No I will need to receive 1-1 staff support at the Centre.
- Yes  No I receive CLBC services and would like to join.

## The support I require includes:

Support Worker name: \_\_\_\_\_ Tel: \_\_\_\_\_

Case Manager/ Social Worker name: \_\_\_\_\_ Tel: \_\_\_\_\_

Referral source: \_\_\_\_\_

**Participant Initials**



# Strive Centre - Adult Participant Application

Personal Information	
<b>Name</b>	
<b>Start Date</b>	
<b>Address</b>	City: _____ Postal Code: _____
<b>Phone Number</b>	Home: _____ Cell: _____
<b>Email</b>	
<b>Date of Birth (MM/DD/YYYY)</b>	
<b>Currently Lives with</b>	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> CAREGIVER <input type="checkbox"/> SELF <input type="checkbox"/> GROUP HOME <input type="checkbox"/> OTHER

Medical Information	
<b>Diagnoses</b>	Date of Injury(if applicable): _____
<b>Pre-existing Health Conditions</b>	
<b>Personal Health #</b>	
<b>Allergies to Drugs or Other</b>	
<b>History of Seizures?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a seizure protocol, otherwise 911 will be called)

Contact Information			
<b>Do you have two contacts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes please provide below for emergency purposes.</b>			
<b>Contact #1</b>		<b>Contact #2</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home Phone #</b>		<b>Home Phone #</b>	
<b>Cell Phone #</b>		<b>Cell Phone #</b>	
<b>Work Phone #</b>		<b>Work Phone #</b>	

Others
<b>Are you on probation/parole?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

I \_\_\_\_\_, verify with my signature that all the information above is correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Would you like to be contacted through either phone or email about Strive events? YES or NO

Would you like to receive phone call reminders from staff for your registered programs? YES or NO

## Participation Contract

### Strive Centre Responsibilities:

1. I agree to respect others and myself.
2. I agree to help clean up after activities and meals.
3. I agree to bring my own water bottle, lunch and snacks to the Centre.
4. I agree not to share any food, cigarettes or drugs to ensure the safety of others.
5. I agree to leave nothing behind at the Centre (other than ongoing program projects).
6. I agree to smoke only in designated areas.
7. I agree to communicate my needs to staff.
8. I agree not to engage in threatening or violent language or behavior.
9. I agree not to bring drugs and alcohol onto the Centre premises or to programmed community activities.
10. I agree not to damage or steal the Strive Centre's, or other participant's property.
11. I agree not to bring pets to the Centre (other than registered service animals).
12. I agree to contribute to a safe environment at the Centre.
13. I agree to request approval in advance for families or guests to attend the Centre with me.

I have read and understand the Strive Centre responsibilities that must be followed and I must use my best efforts to participate in programs in a safe, fair, responsible manner and respect the rights and property of other members and the facilitators at the center. I have been informed of the responsibilities and understand that a breach may result in remedial action including limits on my participation in program activities or being sent home.

Activities outside the Strive Centre that are not programmed by Strive facilitators are, of course, not supervised. Caregivers/guardians and participants must also remember the importance of the participants' close adherence to Strive rights and responsibilities and any safety precautions detailed by facilitators while participating in programs and activities.

The Strive Centre encourages participants' independence and decision-making. While at the centre, participants may freely choose to participate in programs and activities. Every effort will be made to keep program and activities financially accessible.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Care Provider  
(If Applicable)

\_\_\_\_\_  
Date

## Rights of Strive Centre Participants

I understand I have the following rights as a Strive Centre participant:

- ◇ It is my Right to choose to participate in this program
- ◇ It is my Right to be treated with respect and dignity and be free from harm
- ◇ It is my Right to file a grievance if you have a problem with your services

## Privacy Statement

Strive Living Society respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to respecting your privacy. We do not rent, sell or trade our mailing lists. We use your personal information to provide services/programs and to keep you informed and up to date with all activities. If at any time you wish to be removed from any of these types of communication, or receive a full copy of the Strive Living Society Privacy Statement, simply notify our Human Resources by phone, 604-936-9944 or via email [danielle@striveliving.ca](mailto:danielle@striveliving.ca) and we will gladly accommodate your request.

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**Participant Initials**

## Consent to Reproduce Image

I, the undersigned (or parent or guardian of the above named individual) hereby grant permission for *Strive Living Society of 400- 906 Roderick Avenue, Coquitlam BC V3K 1R1*, to reproduce my image in either a photograph, video, or other media for the purpose of promoting Strive Living Society. I understand that the social media are public sites which can be viewed by anyone and my image is permanently on the internet, even after it has been removed from the site.

Media	Yes	No
All forms of media administered by Strive, or		
Strive Website		
Strive Brochures / Flyers / Print Ads		
Strive Videos		
Facebook		
Twitter		
Instagram		
Youtube		
Other:		



# Strive Centre - Adult Participant Application

This authorization will remain in effect until:	
This date	
Or until revoked in writing	

<b>Signature</b>
<b>Date</b>
<b>Witness</b>

## Consent & Release of Liability

### Inherent Risks

Each Strive Centre program and activity carries inherent risks for participants. These risks may include, but are not limited to, contact during sports (with another person, equipment or property), group separation, slips, falls, minor burns, transportation accidents, and other incidents. Inherent risks may lead to injury or illness including, but not limited to, minor injuries, illnesses, bodily injury, burns, insect bites, head and back injury or death.

### Consent / Assumption of Risks

I have read the description of programs and inherent risks and will participate in the programs at the Strive Centre. I accept that there are inherent risks involved in these programs and agree to accept those risks. I have sought and received explanations from the Strive Centre of any risks I do not understand.

### Waiver / Release of Liability

In consideration of the Strive Centre accepting my application and permitting me to enjoy the facility and programs of the Centre, I agree that the centre and/or its employees, volunteers, directors or agents shall not be held liable for any injuries or damages which may arise out of the course of normal Strive activities, including accident and inadvertence.

I \_\_\_\_\_ am aware of the risks associated with the programs and activities offered by the Strive Centre and do hereby give consent and agree to the terms above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date