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**C.O.P.S. PROGRAM APPLICATION FORM - NORTH CAMBRIDGE**

C.O.P.S. is an emergency services mentorship program for boys and girls ages 10 – 15 years.

Name of Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the youth have access to transportation to Preston Height’s 350 Linden Drive location? □ Yes □ No

Please list any medical needs (i.e. Allergies, physical limitations, medications) regarding the youth:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the youth been enrolled in the C.O.P.S. Program before? □ Yes □ No

If yes, please state the location and the year of that program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the C.O.P.S. Program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list reasons why you are interested in having the youth participate in the program and why the individual would benefit from the C.O.P.S. Program (i.e. self-esteem, bullying, in need of mentoring etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referring School or Organization (if parent is referring, please indicate self-referral and continue to answer the following questions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Case Manager or Organization Contact (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth require extra supports at school (i.e: Education Assistant, Social Worker etc) □ Yes □ No

If yes, please indicate what type of support the youth requires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the youth engage in at-risk behaviour? □ Yes □ No

If yes, please expand on the type of at risk behaviour:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**C.O.P.S. 2015-2016 PROGRAM**

**NORTH CAMBRIDGE - EVENT DATES**

To be considered for the C.O.P.S. 2015-2016 program, the participant will be available on the following dates: Please confirm dates by checking the boxes.

1. □ July 15th 10am-3pm **Emergency Services Day**
2. □ July 23rd 10am-3pm **Canoeing Day**
3. □ July 30th 10am-3pm **Beach and Fishing Day**
4. □ August 6th 10am-3pm **Camp Adventure Day**
5. □ August 12th 1pm – August 13th 3pm **Bingemans Overnight Camping Trip**
6. □ August 20th 10am-3pm **Lazer Tag Day**
7. □ October 30th 6pm-10pm **Fall Costume Party Night**
8. □ December 30th 10am-3pm **Winter Tubing Day**
9. □ March 11th 2016 6pm-11pm **Rangers Hockey Games Night**
10. □ May 4th 2016 6pm-8pm **Final Graduation Night**

North Cambridge C.O.P.S. will be hosted by the Preston Heights Community Centre and participants will arrive at 350 Linden Drive to begin each event.

Program Cost: $20.00  
\*\*\*Cost sharing is available for the program fee\*\*\*

Thank you for taking the time to complete this form. If you have any further questions please contact the Preston Heights Community Centre and ask for Sandy or Jason 519-650-2971.

**Return this form by May 1st** to Sandra Roxborough, 350 Linden Drive, Cambridge, N3H 5N7   
Fax: 519-650-1534 Email: phcg@golden.net