



## Arctic Youth Leadership Participant Application 2010

### Participant Application Criteria

1. Inuvialuit or Inuit Beneficiary.
2. Enrolled in school between 15 to 19 years old.
3. Willing to learn and take responsibility for personal actions.
4. Motivated to participate.

The Arctic Youth Leadership program operates its expedition in a remote location of the arctic, far away from the amenities of town and services and is self contained over two weeks in this remote setting. It is recognized that there is a certain amount of risk involved in pursuing outdoor activities in these remote locations, and by helping to determine the suitability of the Applicant assists in reducing this risk. This application package is to help determine the suitability of the Applicants on this expedition to help maintain that the expedition is a safe experience both physically and mentally for students and instructors. By completing the following forms honestly the safety and the quality of experience of the student can be increased.

These questions are used to evaluate candidates for suitability on the AYL program. Please take the time to consider your responses to these forms. The AYL program is not able to accept applications where the safety of the Applicant, other participants, and instructors is reduced due to medical concerns that do not match the demands and remoteness of the expedition.

Applicants progressing to the second phase of interviews will be asked to complete additional forms.

There are seven parts to this Application, check that these forms have been completed fully before returning them to the Arctic Youth Leadership office.

- AYL Expedition 2010 Application
- AYL Waiver, Release, Indemnity
- AYL Consent To Medical Care
- AYL Image Release
- Applicant Background Questionnaire
- Parent/Guardian Reference Questionnaire
- 2010 AYL Agreements of Participant

### Return completed Application Package to:

Arctic Youth Leadership

Bag Service #7

Inuvik, NT X0E 0T0

Tel: (867) 777-7075

Fax: (867) 777-3256

[kfloyd@idc.inuvialuit.com](mailto:kfloyd@idc.inuvialuit.com)



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[www.arcticyouthleadership.ca](http://www.arcticyouthleadership.ca)





## Arctic Youth Leadership Expedition 2010 Application

### Applicant's Information

Name: \_\_\_\_\_  
First Last Initial What you go by

Age: \_\_\_\_\_ Date of Birth(YYYY/MM/DD): \_\_\_\_\_

Gender: \_\_\_\_\_

Address: Box #: \_\_\_\_\_ Street: \_\_\_\_\_ Community: \_\_\_\_\_

Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Clothing Size: (S,M,L,XL etc.) Top \_\_\_\_\_ Bottom \_\_\_\_\_ Shoe: \_\_\_\_\_

Health Care Plan and Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_  
First Last Relationship to Applicant

Address: Box #: \_\_\_\_\_ Street: \_\_\_\_\_ Community: \_\_\_\_\_

Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parental Consent: If applicant is under 18 years of age, a parent or legal guardian must sign the following.  
 I give consent for \_\_\_\_\_ to attend the Arctic Youth Leadership Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian





## ARCTIC YOUTH LEADERSHIP

### WAIVER, RELEASE, INDEMNITY

**Please read carefully. By signing this document you will give up some legal rights. If you are less than 19 years old, this document must also be signed by your parent or legal guardian.**

Arctic Youth Leadership (as defined below) offers a range of activities on the land and on the water. You may travel by airplane, passenger van or boat and take part in activities such as paddling, portaging, hiking, climbing, or camping. You may also spend time in the wilderness or in a municipality without supervision by an adult, including traveling alone from and to your home community. Some activities may involve a demanding level of physical fitness and psychological readiness.

**Activities offered by Arctic Youth Leadership involve many risks and dangers.** We cannot list them all here. Some of the risks and dangers are:

- Motor vehicles, boating or plane delays or accidents
- Failure/malfunction of equipment
- Immersion in cold water
- Sunburn, sunstroke and dehydration
- Fire
- Food/water poisoning
- Allergic reaction
- Attack by animals
- Natural hazards (such as uneven or steep terrain, unstable riverbanks, swift moving water, falling rocks and trees)
- Forces of nature (such as storm, lightning, flood, forest fire)
- Inability to get rescue or medical assistance
- Misjudgment/ poor decision by leaders
- Negligence of leaders or fellow participants
- Dangers and risks inherent to a municipality

The risks and dangers named above and all other risks and dangers that may result from the activities with Arctic Youth Leadership may cause **illness, personal injury, disability, death, property damage, financial loss and other unfortunate consequences.**

In consideration of Arctic Youth Leadership accepting my decision to participate in the activities:



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1. **I ACCEPT ALL RISKS AND DANGERS** (including but not limited to the risks and dangers listed above);
2. **I ACCEPT ALL THE ADVERSE CONSEQUENCES** that could result from the occurrence of such risks and dangers (including but not limited to illness, personal injury, disability, death, property damage and financial loss);
3. **I RELEASE ARCTIC YOUTH LEADERSHIP FROM ANY LIABILITY** (including liability resulting from negligence, breach of contract and breach of any statutory duty), and I agree that this release covers without limitation all unknown and unforeseen claims, injuries, damages, and losses; and
4. **I INDEMNIFY AND HOLD HARMLESS ARCTIC YOUTH LEADERSHIP** from any damages, loss, liability, legal costs and other expenses that Arctic Youth Leadership may suffer by reason of any claim against it connected with my participation in the activities.

For the purpose of this document, “**Arctic Youth Leadership**” means **Inuvialuit Development Corporation, Nunasi Corporation**, their affiliates and their respective directors, officers, employees, guides, leaders, independent contractors, agents and other representatives.

**BY SIGNING THIS DOCUMENT, I CONFIRM:**

1. I have read this document;
2. I give up important legal rights, including the right to sue; and
3. I may have to pay Arctic Youth Leadership if someone else claims money from Arctic Youth Leadership as a result of my participation in the activities.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Participant Name (Print)

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

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Name (Print)

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





**ARCTIC YOUTH LEADERSHIP**

**CONSENT TO MEDICAL CARE**

**NOTE: To be completed by a parent/legal guardian of a participant under 19 years of age.**

I am a parent/legal guardian of the Participant and have the legal right to sign this Consent to Medical Care form.

In the event that health care is required for the Participant:

1. I give permission for any operation, administration of anaesthetic or blood transfusion which a medical practitioner may deem necessary or advisable for the treatment of the participant; and
2. I consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist which may be required by the Participant in any emergency situation.

This Consent to Medical Care shall be valid for the duration of the Arctic Youth Leadership Program.

I will not take legal action against Arctic Youth Leadership Participant for any decisions of Arctic Youth Leadership authorized by this Consent to Medical Care form.

For the purpose of this document, “**Arctic Youth Leadership**” means Inuvialuit Development Corporation, Nunasi Corporation, their affiliates and their respective directors, officers, employees, guides, leaders, independent contractors, agents and other representatives.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Name (Print)

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





**ARCTIC YOUTH LEADERSHIP**

**IMAGE RELEASE FORM**

**NOTE:** If you are less than 19 years old, this document must also be signed by a parent or legal guardian.

I give to Arctic Youth Leadership (defined below) the right to take photos or videos of me during my participation in the activities of Arctic Youth Leadership.

I authorize Arctic Youth Leadership to use photos or videos of me for the purposes of slide show presentation, documentary, information package, and promotional material in all media (including magazines and websites), in perpetuity and without monetary compensation.

For the purpose of this document, “**Arctic Youth Leadership**” means **Inuvialuit Development Corporation, Nunasi Corporation**, their affiliates and their respective directors, officers, employees, guides, leaders, independent contractors, agents and other representatives.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Participant Name (Print)

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

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Name (Print)

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



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## Parent/Guardian Reference Questionnaire

Name of Parent/Guardian completing this form: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

The Arctic Youth Leadership program operates its expedition in a remote location of the arctic, far away from the amenities of town and services and is self contained over two weeks in this remote setting. It is recognized that there is a certain amount of risk involved in pursuing outdoor activities in these remote location, and by helping to determine the suitability of the Applicant assists in reducing this risk. This questionnaire is to help determine the suitability of the Applicants on this expedition to maintain that the expedition is a safe experience both physically and mentally for students and instructors. By answering the following questions honestly the safety and the quality of experience of the student can be increased.

Please evaluate the Applicant on their strength in coping in these situations.

<b>Coping Ability</b>	<b>Poor</b>	<b>Fair</b>	<b>Effective</b>	<b>Strong</b>
Deals with Other Classmates/Peers				
Deals with Instructors/Authority Figures				
Deals with Others Facing Difficulty in Same Situation				
Manages Stress				
Able to Improve Stressful Situation				
Experiences Lots of Anger From Stressful Situation				
Experiences Lots of Frustration From Stressful Situation				

Please evaluate the Applicant on their strength in using their ability in these situations.

<b>Ability</b>	<b>Poor</b>	<b>Fair</b>	<b>Effective</b>	<b>Strong</b>
Public Speaking				
Problem Solving				
Engaging in Group Activities				
Involve Others to Form Group Problem Solving				
Frustration From Facing Problems				
Providing Positive Support to Friends in Times of Need				
Ability To Create Complicated Plan or Long-Range Goals				
Ability To See Those Plans Through				
Ability To Receive Feedback				



1. Is the Applicant dealing with Depression, Psychological or Cognitive Disorders? If so, please describe.
2. Does the Applicant have a history of self-harm or suicide attempts, and including eating disorders? If so, please describe.
3. Does the Applicant smoke? If so, please describe.
4. Does the Applicant have a history of alcohol or drug use, including misuse of prescription drugs? If so, please describe.
5. Does the Applicant have difficulty dealing with stressful situations? If so, what does that look like? What helps to improve the situation?
6. Does the Applicant have a history of aggression, or assault, and including bullying? If so, please describe.
7. Does the Applicant have legal issues? Are they on probation for anything? If so, please describe.
8. Does the Applicant have any allergies? If so, please describe to what triggers and severity of reaction, and provide details of rescue medication(s) carried and dosing.
9. Does the Applicant have any medical conditions? If so, please describe.
10. Is the Applicant on any medications? If so, please describe what medications, dose and schedule, and what the medication is for.





June 1, 2009

To: All Arctic Youth Leadership (AYL) Participants

Re: Behaviour and Conduct Expected of AYL Program Participants

The Arctic Youth Leadership (AYL) program is designed to provide Inuvialuit and Inuit youth with an opportunity for personal growth and development through challenge and adventure. Building skills in teamwork, leadership, and communication are part of the program, as well as building the confidence and resilience to use these skills in all aspects of one's life. Through the development of these skills and attributes, the AYL program is designed to enhance participants' capacity to capitalize on the opportunities available to them, and to contribute to their ability to be successful in a wide variety of pursuits.

The AYL program has a reputation for integrity in its work with youth, and it is expected that the behaviour and conduct portrayed by each participant reflect positively on it. As an AYL participant, you are expected to conduct yourself in a positive, polite, professional and approachable manner that reflects your values and those of AYL. Remember, to all of the other participants, instructors, staff, supporting individuals, agencies, organizations, sponsors and communities that you will be visiting while on the AYL program, it is your actions and behaviour that represent you, your family, your community, your territory and the AYL program. Always present the best picture.

It is expected of each participant to refrain from profane, threatening, derogatory, discriminatory, and sexist language. Participants are expected to approach frustrating situations by using positive language and will be taught to assert a creative approach when faced with difficulty in these situations.

There is a zero tolerance policy towards aggressive and threatening behaviour and actions. AYL participants are expected to refrain from the use of illegal drugs and alcohol, and the misuse of prescription drugs while on the AYL program. AYL participants are expected to be prepared and ready prior to any departure time, especially for flights. If any AYL participant engages in these sorts of behaviour and is removed from the program, the AYL program will be billing all related expenses (e.g. accommodation costs, meal costs, flight costs, and travel expenses), for that individual's participation back to that person, and legal guardian. In addition to being required to pay back all related expenses, the AYL program will not accept applications from this individual for future programming.

It is the goal of the AYL program to enhance the opportunities that participants undertake in the rest of their life through the development of skills that contribute to their ability to be successful in a wide variety of pursuits. The expedition is meant to be a positive and challenging experience for each participant. This letter is designed to ensure that participants and guardians are aware of the behaviour expectations.

**Please find attached a document titled "Agreements of Participant". Please review, date and sign, and if you are under 19 years old, ensure that one of your parents (or legal guardian) reviews, dates and signs the form where indicated.**



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Please return completed form to the Arctic Youth Leadership office. The fax number for the AYL office is 867-777-3256. This form may also be scanned and converted to a PDF file and emailed to the AYL Coordinator at, [ayl@idc.inuvialuit.com](mailto:ayl@idc.inuvialuit.com).



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**2010 ARCTIC YOUTH LEADERSHIP PROGRAM  
AGREEMENTS OF PARTICIPANT**

I, \_\_\_\_\_ (the "Participant"), a participant in the 2010 Arctic Youth Leadership Program ("AYL"), agree to:

1. conduct myself in a positive, polite, professional and approachable manner;
2. follow instructions of AYL's instructors; and
3. be ready for all departures, including flights.

I also agree that:

4. I will not use profane, threatening, derogatory, discriminatory or sexist language;
5. I will not behave in an aggressive or threatening manner; and
6. I will not use illegal drugs, alcohol, or misuse prescription drugs.

I agree that AYL may remove me from the AYL program if in their opinion I failed to behave as expected or if I behaved in a manner discrediting the program.

If I am removed from the program, I agree to reimburse all the expenses incurred on my behalf for participating in the AYL program, including but not limited to accommodation, meal, and transportation expenses.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant's signature**

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**TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN:**

**Name:** \_\_\_\_\_

**Relationship:** Father    Mother    Legal guardian    Other: \_\_\_\_\_  
(circle one)

For valuable consideration, I agree to reimburse all expenses incurred on behalf of the Participant (including accommodation, meal and transportation expenses) for participating in the AYL program if the Participant is removed from the AYL program for failure to behave as expected or for behaving in a manner discrediting the program.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother's, father's or legal guardian's signature**



## Applicant Background Questionnaire

The Arctic Youth Leadership program operates its expedition in a remote location of the arctic, far away from the amenities of town and services and is self contained over two weeks in this remote setting. It is recognized that there is a certain amount of risk involved in pursuing outdoor activities in these remote locations, and by helping to determine the suitability of the Applicant assists in reducing this risk. This questionnaire is to help determine the suitability of the Applicants on this expedition to help maintain that the expedition is a safe experience both physically and mentally for students and instructors. By answering the following questions honestly the safety and the quality of experience of the student can be increased.

Please evaluate your strengths in using your ability in these situations.

Ability	Poor	Fair	Effective	Strong
Public Speaking				
Problem Solving				
Engaging in Group Activities				
Involve Others to Form Group Problem Solving				
Frustration From Facing Problems				
Providing Positive Support to Friends in Times of Need				
Ability To Create Complicated Plan or Long-Range Goals				
Ability To See Those Plans Through				
Ability To Receive Feedback				

These questions are used to evaluate candidates for suitability on the AYL program. Please take the time to consider your responses to these questions. Use an additional sheet of paper for your responses and number your responses. Please print clearly or type your answers.

1. List 3 reasons why you would like to participate in the Arctic Youth Leadership program?
2. List 3 reasons you think you will enjoy about the AYL program?
3. List 3 leadership skills that you confidently possess:
4. List 3 leadership skills or qualities that you do not possess but would like to develop:
5. List what you think you might not enjoy about participating on the AYL program:
6. List your camping experience and background:
7. Describe your volunteer experience:
8. Describe your work experience:
9. Describe what you do during your free time:
10. Describe your school experience:
11. List what level of school/education that you are currently in:
12. If you are not in school, list your highest level achieved:
13. What would you like to learn/experience from participation on the AYL program?
14. What skills will you contribute to your community if you participate on the AYL program?
15. What else do you want to tell AYL about yourself?

16. What are your academic goals?
17. What are your career goals?
18. What constitutes a good leader?