WE MATTER 2020 - 2021 NATIONAL AMBASSADORS OF HOPE APPLICATION

The National Ambassadors of Hope Program is a program supporting Indigenous youth to be healers and changemakers by sharing hope, culture and strength.

We Matter is recruiting Indigenous youth across Canada to become National Ambassadors of Hope! We believe Indigenous youth are healers and changemakers, and with the right support and resources, can be the ones to inspire and uplift other Indigenous youth and their communities.

Are you an Indigenous youth who is dedicated to promoting hope and life within your community and region!?

We want YOU to apply!

IT'S AS EASY AS



Please read the National Ambassadors of Hope Information Package Or email hopeambassadors@wemattercampaign.org for more information about the program



To Apply as a National Ambassador of Hope, follow these three easy steps and submit the full package to hopeambassadors@wemattercampaign.org by March 27th, 2020



Video Submission

Film a short 1-3 minute video sharing a bit about your story: who you are and why you want to be a National Ambassador of Hope!

- You can film this on a phone, ipod/ipad, camera, or computer
- Only the We Matter team reviewing applications will see this video
- A written application is nice, but we want to see how awesome you are in person!
- If you have any trouble attaching the video to your application email submission, let us know so we can help.



Written Application

Answer the following questions in a written document, this will help to paint a picture of why you are a good fit for this role!

- 1) Who are you? Share a bit about your story and how you identify.
- 2) What is your region? Share a bit about your community/town/city and what it's like for Indigenous youth living there.
- 3) Do you see different challenges, pain, or "hopelessness" in your community or region? Or with youth around you?
- 4) What negative effects does this cause?
- 5) What are some strengths of your community or region? What have you seen that brings HOPE and positivity to your community and youth in meaningful ways?
- 6) What MORE can be done in your community to bring HOPE or help people who are having trouble?
- 7) What kinds of things would you like to see more of in your community (mental health supports, resources, activities, events, programs, etc)?
- 8) What have you done personally to bring support and positivity to your area or other youth around you?
- 9) Why do you want to be a National Ambassador of Hope?
- 10) What does hope, culture, and strength mean to you?



Registration and Waiver Form

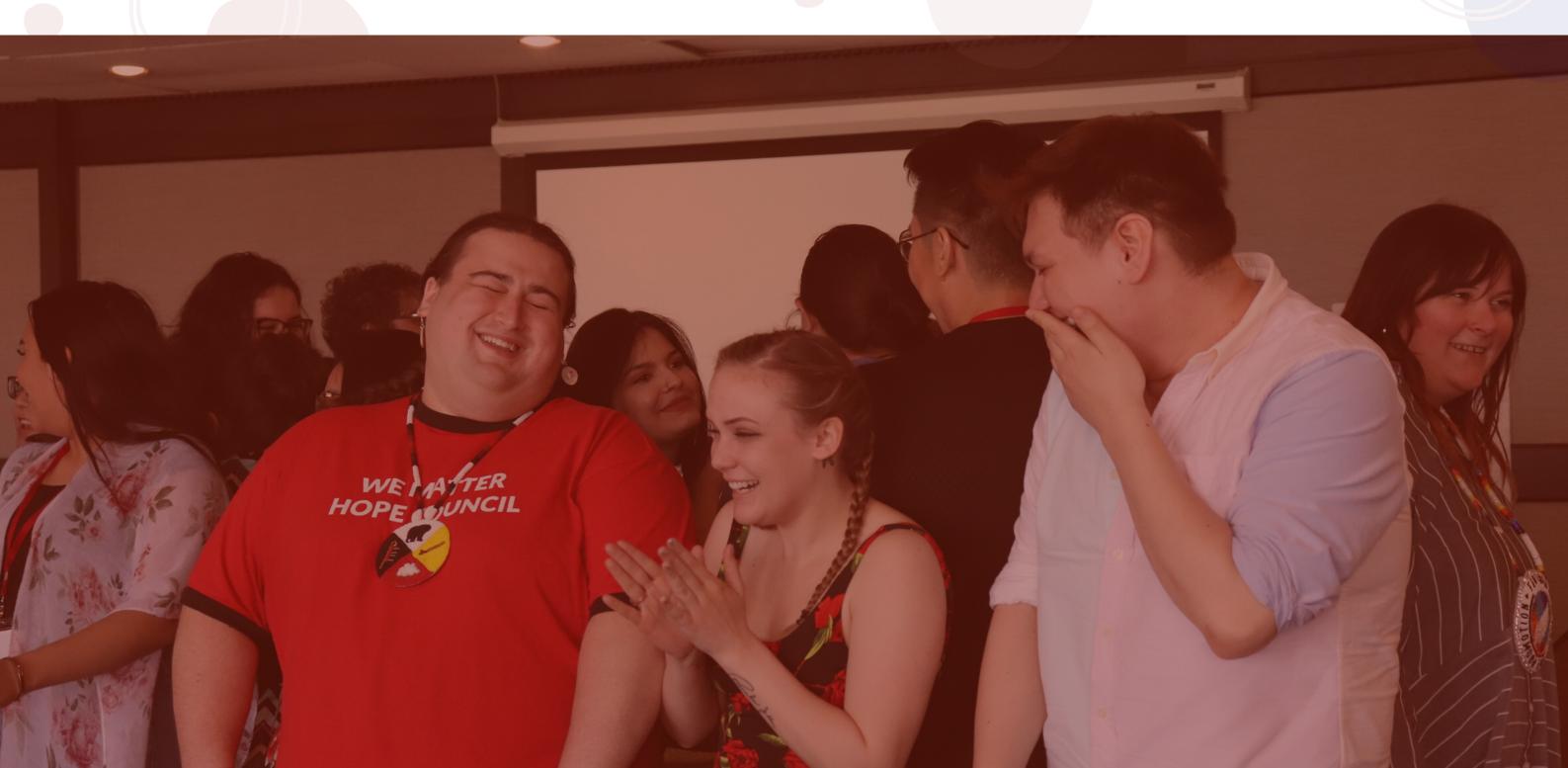
Complete the Registration and Waiver Form fully, if you are under 18 you will need to complete the Minor Travel form as well.

• These forms can be found at the end of this document.

Submit complete applications (questions, video, and #HopeForum Registration & Waiver) to hopeambassadors@wemattercampaign.org by March 27th, 2020.

- If you would like to submit an oral application, or have any other needs, just let us know!
 - If you need to fax your application, reach out to us.
 - If you have any questions about the Ambassadors of Hope Program or your application, you can email hopeambassadors@wemattercampaign.org.

We will be selecting
National Ambassadors of Hope
based on your expressed passion
and dedication to making positive
change, breaking stigma and
cycles, and promoting life!



WE MATTER & facebook National Ambassadors of Hope Training 2020

May 23rd - May 29th in Orillia, Ontario

REGISTRATION & WAIVER FORM

TELL US WHO YOU ARE:
Applicant's Name:
Pronouns (she/he/they):
Age & Date of Birth:
Community:
Nation, Group or how you identify:
HOW DO WE CONTACT YOU?
Email:
Phone:
Facebook:
Emergency Contact Name & Relationship to you:
Emergency Contact Phone & Email:
TRAVEL INFORMATION:
Where are you travelling from?
What airport will you be flying out of?
Do you have any special needs for travel? (ie: airport is 3 hours from community,
please book afternoon flight, or hotel is need overnight)
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EXTRA STUFF:
Dietary Restrictions or Allergies (please clearly disclose all needs):
Shirt/Hoodie Size:
Do you require your own room (to meet accessibity needs)? YES or NO
Is there any disability or other needs we should know about?

The form on this page contains very important information about your participation in the #HopeForum ("the Project"). By signing this form, you are agreeing to give up certain legal rights.

Please read it carefully before signing.

WAIVER OF LIABILITY

I hereby release, discharge and hold harmless We Matter and any involved organizers of the Ambassadors of Hope #HopeForum, their directors, officers, employees, volunteers, agents and insurers, (collectively, the "Released Parties") of and from any and all claims, causes of action and rights to compensation that may arise or relate to (1) damage to or loss of property sustained by me during my participation in the Project, (2) medical or hospital care, personal illness or injury, or death sustained by me during my participation in the Project, or (3) any act or omission of the Released Parties before, during or after the Project is completed (except for intentional misconduct). I intentionally and knowingly waive any and all such claims that I may have against the Released Parties, and I reserve only and do not waive or release claims for intentional misconduct. This Contract, Release and Waiver of Liability shall be binding and enforceable against me and my heirs, personal representatives, successors and assigns with respect to my participation in the project, and this Release and Waiver of Liability shall be governed by the law of the Province of Ontario.

MEDIA RELEASE

I authorize We Matter and the #HopeForum organizers to have and use photographs, digital images, videos, slides, audio clips, as may be needed for promotion and public relations. By participating in the Ambassadors of Hope #HopeForum I consent to the organization using photographs, videos and/or sound recordings taken, or of which I am a part, online, in media, or in materials, and resources created subsequent to event, for awareness and promotion of the event, or for other promotion purposes of the organizers.

EXTRA INFO:

I agree to be respectful of other participants, and participating organizations. I acknowledge that this gathering will discuss sensitive topics, and that if I display disrespectful or hurtful behavior, I can be removed from the remainder of the #HopeForum and Ambassadors of Hope Program, without reimbursement for travel or expenses. I agree that my participation in the Project is entirely at the discretion of We Matter and the organizers of the #HopeForum, and that their determination about my continued participation is final. I understand and agree that possessing and consuming illegal drugs poses a danger to myself and others. I agree to not possess or consume illegal drugs, alcohol or illicit substances for the duration of my participation in the Project.

By signing below, I acknowledge that I fully understand and agreewith the conditions and restrictions set forth in the section prior.

NAME:	
SIGNATURE:	
DATE:	
<u>If under 18 - Pa</u>	arental or Guardian Consent:
NAME:	
SIGNATURE:	
SIGNATURE: DATE:	

WE MATTER & facebook National Ambassadors of Hope Training 2020

May 23rd - May 29th in Orillia, Ontario

MINOR LIABILITY WAIVER

INSTRUCTIONS:

To participate in #HopeForum ("the Project"), you must be 16 or older on the date of departure. Minors between ages 16 and 18 ("Youth Participant"), at the time of departure, traveling without a parent or guardian, must submit a signed copy of this form or he/she will not be permitted to participate.

By signing this waiver, you agree that you may be giving up legal rights.

Read and complete this waiver carefully.

NATURE OF RISKS (Youth Participant): I understand that travelling to, and attending, an event of this nature may involve certain risks beyond the reasonable control of We Matter and the other organizers (collectively, "the Organizers"). Such risks include, but are not limited to; accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel. In addition to standard terms and conditions agreed to by the participants and their legal guardians, I agree that I will not hold the Organizers liable or responsible for any such risk. I understand that I will be at various sites and that there may be an opportunity to participate in recreational or other activities, and that I will participate at my own risk and subject to all terms and conditions set by any supplier, recreational or other provider.

NATURE OF RISKS (Parent or Guardian): I agree that on the date of departure, the Youth Participant is at least 16 years of age. By allowing the Youth Participant to attend and participate in the Project, I agree and acknowledge that the Youth Participants may be exposed to risks beyond the reasonable control of the Organizers, including but not limited to; accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security or medical personnel. I agree that if the Youth Participant for whom I am responsible, is exposed to such a risk, whether or not they arej injured or otherwise harmed, I will not hold the Organizers liable or ruesponsible. I agree that the Youth Participant is participating in the Project voluntarily, and that I am providing my permission for their participation voluntarily.

WAIVER OF LIABILITY/HOLD HARMLESS (Parent/Guardian):

By signing this waiver, you agree that you may be giving up legal rights. Read and complete this waiver carefully.

In exchange for the Organizers allowing the Youth Participant to participate in the Project, I agree on behalf of myself, my heirs, successors, and assigns, as well as on behalf of the Youth Participant, and their heirs, successors and assigns, ("Our Behalf") that I assume all risks and waive any claim of liability of any nature whatsoever against, and agree to indemnify and hold harmless, the Organizers with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against the Organizers arising out of or in connection with travel to or attendance at the Project or any other activity the Youth Participant may engage in while participating in the event. Further, in exchange for the Youth Participant being allowed to participate in the Project, if any injury to third parties may arise because of the actions or omissions of the Youth Participant, I agree to indemnify, hold harmless and defend the Organizers with respect to any and all actions, claims, expenses or demands arising therefrom that may be made or brought against The Organizers, or any of them, including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

MEDICAL EMERGENCY (Youth Participant): In case of medical emergency where I may become incapacitated, I understand that a reasonable effort will be made to contact my emergency contacts. In the event that they cannot be reached, I hereby give permission to the physician selected by the assigned guardian, guide, or adult personnel from the Project, to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery.

MEDICAL EMERGENCY (Parent/Guardian): In case of medical emergency where I may become incapacitated, I understand that a reasonable effort will be made to contact my emergency contacts. In the event that they cannot be reached, I hereby give permission to the physician selected by the assigned guardian, guide, or adult personnel from the Project, to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery.

YOUTH CODE OF CONDUCT: While traveling I agree to act respectfully and keep the Organizers and/or my parents/guardians informed of delays or complications. For the time that I am attending the Project (whether or not I am at a venue or event hosted by the Project), I agree to be respectful of other participants and participating organizations. I acknowledge that this gathering will discuss sensitive topics, and that if I display disrespectful or hurtful behavior, I can be removed from the remainder of the #HopeForum. I agree that my participation in the Project is entirely at the discretion of We Matter and the organizers of #HopeForum, and that their determination about my continued participation is final. I understand and agree that possessing and consuming illegal drugs poses a danger to myself and others. I agree to not possess or consume illegal drugs, alcohol or illicit substances for the duration of my participation in the Project.

This waiver is valid between travel dates: May 22nd - May 30th For the: #HopeForum - National Ambassadors of Hope Training

I understand that by signing this document, I am giving up certain legal rights, and I am agreeing to accept certain additional responsibilities. I fully understand the consequences of and sign this MINOR LIABILITY WAIVER knowingly, freely, and willingly:

YOUTH NAME:
SIGNATURE:
DATE:
Parental or Guardian Consent:
NAME:
SIGNATURE:
DATE: