

APPLICATION FOR PARTICIPATION IN SOLDIER FOR A DAY (SFAD)

**Saturday, 17 November 2018 – 0930hrs – 1600hrs
Ashton Armoury - 724 Vanalman Ave, Victoria, BC**

Disclaimer:

1. Online registration and the legible completion of this form will be required for you to participate in the BC Army Reserve SFAD. Under the privacy act, we cannot and will not publish or use certain parts of this information outside this event. The information collected here will only be used for the event and our own internal statistics. It will not be used further unless it is needed:

- a. If you wish to join to the BC Army Reserve or receive more information, or
- b. To confirm your attendance for work experience purposes with your school/employer.

Eligibility for SFAD:

- a. To participate, you need to be a minimum of 15 years of age,
- b. Be interested in learning more about the BC Army Reserve;
- c. Apply online (see below);
- d. Complete this form;
- e. Complete the 'Annex E:Release Form'; and
- f. Bring both forms to the SFAD.

Application:

2. Online registration is completed at Eventbrite.ca at the link below or you can search for event “**Soldier for a Day – Victoria**” on the Eventbrite.ca website.

<https://www.eventbrite.ca/e/soldier-for-a-day-victoria-tickets-51212993442>

3. Once your online registration has been submitted, complete the information on the attached pages and bring the ORIGINAL signed copy with you on the day of the event, along with the “Annex E: Release Form.”

4. If these documents are not available on the day of the event, you will be unable to participate in the SFAD.

5. Online registration must be completed by 30 November 2018 to guarantee availability, although exceptions can be made on a case by case basis.

Questions:

For answers to your questions, please contact:

Victoria SFAD Coordinator

Sergeant Matt Spears - Tel: 250-363-8272, email: Matthew.spears@forces.gc.ca

Annex D: Soldier For A Day Vancouver Island – 17 Nov 18
 Student Application & Consent Form

PERSONAL INFORMATION

Last Name	Given Names	Telephone Number
Date of Birth	Citizenship	Email
Address	City, Province	Postal Code

EMERGENCY CONTACT INFORMATION

Contact #1	Phone Numbers
First:	Home:
Last:	Cell:
Contact #2	
First:	Home:
Last:	Cell:

CURRENT EDUCATIONAL/ EMPLOYMENT INFORMATION

Level/ Grade Complete	Name of School
Position/ Role	Employer

ADDITIONAL INFORMATION

Please include any allergies, physical conditions or specific meal requirement issues that the staff of this seminar should be aware of before you participate in the activities.

APPLICANT SIGNATURE

I, the undersigned, do declare that the information in this application is true to the best of my knowledge.

SIGNATURE _____ DATE _____

PARENT CONSENT (only necessary if under 18)

I, the undersigned, give my daughter/son/ward, _____, consent to participate in the 6 ½ Hour, Soldier for a Day Work-Study Program.

NAME _____ SIGNATURE _____ DATE _____

REMINDER: This form AND Annex E: Release Form, MUST be presented the morning of the event to attend.