



Bringing people together



Canadian Fitness Connection Application Form

Please write today's date _____

1) Personal Information

Family (Last) Name: _____ Given (First) Name: _____

Birthdate: _____ Gender: Male Female
Month/Day/Year

2) Address

Street Address: _____

City: _____ Province: **BC** Postal Code: _____

Phone number: _____ Cell/Pager/Message number: _____

Email Address: _____

3) Immigration Information

Country of birth: _____ Date of residency in Canada: _____

4) Immigration Category:

- Family Class
- Skilled Worker
- Business
- Provincial Nominee
- Live-in Caregiver (Work Permit)
- Government Assisted Refugee
- Non-Government Assisted Refugee
- Other

Explain: _____

5) Canadian Status:

- Permanent Resident
- Permanent Resident (Live-in caregiver)
- Naturalized Citizen
- In Process
- Other Explain _____

Social Insurance Number # _____

6) Please name a person who we can contact in case of an emergency:

Emergency Contact's Name : _____ Relationship to you: _____

Phone Number: (Home): _____ Phone Number (Work): _____

7) What is your English level?

Basic

Intermediate

Advanced

Fluent

8) Why would you like to join the Canadian Fitness Connection?

9) How did you hear about the Canadian Fitness Connection?

10) Have you visited any Immigrant Serving Organizations since arriving in Vancouver? If yes, which one (s)?

PRIVACY STATEMENT
Important Information about Your Privacy

The YMCA of Greater Vancouver is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations.

For more information on the YMCA's commitment to privacy, please visit our web site at www.vanymca.org

Please check the following box, if you are in agreement:

I give the YMCA of Greater Vancouver permission to use my photograph for the purposes of promoting YMCA programs.

I hereby certify that the information provided in this application is true and factual.

Print name: _____ Signature: _____

Date: _____
Month/Day/Year

Thank you for completing the application.
We appreciate your interest in the YMCA Connections Program.
We will contact you as soon as possible. Please return the completed form to us by fax, mail or email.

YMCA Connections
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