



**Living Links Participant
Adult Application**

**Applicant must complete a criminal record check
(See details below)**

Personal Information:

Legal Name: _____
 First **Middle** **Last**

Common/frequently used name: _____

Date of Birth: _____
 (Month,Day,Year) **Gender:** **Male** **Female**

Mailing Address: _____
 Street

 City **Province** **Postal Code**

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Business name and address (if applicable): _____

Yes **No** **I hereby grant permission to SD #64 to take photographs which will be used for identification purposes and may be used for publications and on the Gulf Islands School District website at any time for purpose of educational promotion**

Yes **No** **I hereby grant permission to SD #64 to use digital media recordings of interviews for educational/research purposes**

Applicant Signature:

I certify that all statements on this application are true and complete.

I accept the risk of an unforeseen event occurring which could result in an accident to myself without any fault on the part of the participants, the School Board or its employees or agents, or the facility where the meeting is taking place.

Signature: _____

Date: _____

To access the online Criminal Record Request :
<https://justice.gov.bc.ca/eCRC/> Access Code: DNW8SBGDPQ

Please write a short summary of the life experiences you would like to share with youth:

How frequently are you available to talk with a small group of high school students?

What are your hopes, expectations and/or reasons for participating?

Thank you for your most valued participation in this program!

**Sarah Hook-Nilsson
Co-ordinator Connecting Generations
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