Dear parents!

The entrepreneurship training program for youths and entitled "Chelsea collective entrepreneurship Youth Cooperative» or "CICE" is the socioeconomic most helpful training program for our future entrepreneurs and single workers,

It is designed to have them get a hands on experience while learning the fundamentals knowledges to manage and operate a cooperative business and to be part of the working market. It allows also the young participants to develop a certain financial autonomy.

This training provides an opportunity to get an interactive experience with the residents of their living environment by getting usefully involved in their community. Finally, the program also proposes a fulfilling group and life experience with interesting challenges contributing to their personal growth. The value of this training becomes priceless!

The low registration fee of $80 per participant, to get in this fabulous training program, contributes to keep the program accessible to the young Chelsea residents. This fee is for the entire training program of 6 weeks and includes a social part of $20 which will be given back to the participant at the end of the program, in August.

We invite you to read carefully the following information:

FEE AND PAYMENT PROCEDURE: The fee is $80 and may be paid by cheque or cash only and must be given with the registration form.

CANCELLATION OR WITHDRAWAL OF REGISTRATION: If registration is cancelled of your child can not be admitted in the program, the whole fee, $80, will be refund.

VOLUNTARELY AND UNVOLUNTARELY LEAVE: If a young coop worker leave voluntarily or involuntarily the program, here are the charges that will be kept and the ones refunded:

Charges kept: $10 for each week the young coop worker has entirely or partially participated. $10 will be also kept for administration fees.

Charges refunded: $10 for each week the young worker will have not participate at all + its social part of $20 will be refunded.

ADMISSION CONDITIONS: Every youth accepted in the program will have to buy its own pair of working boots with a hard toes to ensure its safety on work sites and to comply with the program and with the insurance criteria.

Once your child registered, you must fill out the following documents and forward them to us **as soon as possible and before June 12**:

- Coop worker parental authorization form
- Authorization photo usage
- Coop worker Health form

We strongly encourage you to help us in our campaign by sharing by sharing information around you and among your contacts. If you happen to know someone or an organization which could be interested in taking advantage of our marketing packages, please refer them to our local committee by dialing 819-827-6201 or by writing to r.larose@chelsea.ca

Thank you for your confidence, your participation and your support

Formulaire de candidature / Application Form

**** = Information obligatoire / * = Information required***

*Nom/ Name:_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ *Prénom / Surname :_ _ _ _ _ _ _ _ _ _ _ _ _ _

*Adresse / Address : _____

*Nos Téléphone / Telephone # : 1- _____ 2- _____

*courriel des parents/parents' e-mail_____

*Date de naissance / Birth Date : _____ *Genre/ Gender: ☐ M or ☐ F

*École fréquentée/ School attended: _____

Fais-tu partie d'un club ou d'une organisation? non ☐ oui ☐ lequel/lesquels?

Are you member of a club or organisation? No ☐ yes ☐ Which one/ones?

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*Par ordre de préférence (1, 2, 3…), indique quel type de travail tu es capable de faire ou qui t'intéresse:
*By preference order (1, 2, 3…), indicate what type of work you are able to do or you would be interested in doing it:

	Jardinage / Gardening 	Saisies de données dans ordinateur / Data entry 	
	Nettoyage de jardins / Gardens' cleaning 	Nettoyage de terrain/ Yard clean up 	
	Tondre le gazon/ Lawn maintenance 	Distribution d'échantillons / Samples distribution 	
	Cordage de bois / Wood stacking	Vente de produits, publicité / Products saling, publicity	
	Lavage de vitres / Windows cleaning 	Légers travaux agricoles / Simple farming jobs 	
	Peinture intérieure ou extérieure / Inside or outside painting 	Menus travaux / Simple jobs 	
	Lave-autos / Car washing 	Réparations simples/ Simple repairs	
	Gardiennage / Babysitting	Emplettes dans Chelsea pour aînés / Shopping in Chelsea for elders	
	Animation de fêtes d'enfants / Birthday parties animation 	Travails légers de conciergerie / light caretaker's jobs 	

NOTE : Les suggestions du tableau ne sont que des exemples de travaux pouvant être effectués. As-tu des suggestions? Si oui, écrire au verso svp. Merci!
Suggestions in the above table are only few examples of things that could be done. Do you have other suggestions? If so, please write them at the back of this sheet. Thank you!

As-tu… (encercle ta ou tes réponses)			Do you have…(Circle your answer/s)		
Un permis de conduire	Oui ☐	Non ☐	A drivers' licence ?	Yes ☐	No ☐
Une voiture	Oui ☐	Non ☐	A drivers' licence ?	Yes ☐	No ☐
Une bicyclette	Oui ☐	Non ☐	A drivers' licence ?	Yes ☐	No ☐
Un mode de transport	Oui ☐	Non ☐	A drivers' licence ?	Yes ☐	No ☐
Précises s.v.p.? _____			A drivers' licence ? _____		

Tu es disponible à travailler / You are available to work							
	Lundi Monday	Mardi Tuesday	Mercredi Wednesday	Jeudi Thursday	Vendredi Friday	Samedi Saturday	Dimanche Sunday
Jour / Day							
Soir Evenings							

Prévois-tu prendre des vacances avec ta famille cet été? oui ☐ non ☐ Si tu as répondu oui, indique les dates s.v.p. _____	Are you planning any holidays with your family this summer? Yes ☐ No ☐ If you've answered yes, please specify the dates. _____

***** Qu'est-ce qui te motive à faire partie de la Coopérative d'entrepreneuriat collectif jeunesse de Chelsea? What motivates you to join the Chelsea Youth Cooperative?

_____

_____

_____

_____

Qu'est-ce qu'un projet comme celui-là peut t'apporter?
What can you get from such a project?

_____

_____

_____

_____

Nommes trois de tes activités favorites?
Name three of your favourite hobbies?

_____

_____

_____

*Quelles sont tes expériences de travail ou de bénévolat?
*What are your employment or volunteering experiences?

Si par hasard, je rencontrais une personne avec qui tu as déjà travaillé, fait des projets ou du bénévolat, ou si je discutais avec un de tes professeurs, comment crois-tu que cette personne te décrirait en quelques mots?

If by any chance I was meeting someone who has worked, done some project or done volunteerism with you, or if I could talk with one of your teachers, how do you think that person would describe you in a few words?

*La formation qui est donnée au début du projet t'intéresse-t-elle ?

Does the training given at the beginning of the project, interests you?

Oui/ Yes ☐ *Pourquoi / Why? _____

Non/ No ☐ *Pourquoi/ Why? _____

Vos commentaires sont les bienvenus/ Your comments are welcome:

Permission to take pictures and publish photos

By registering your name and names of your child/children on this document, you are permitting CICE committee and the Municipality of Chelsea, to take photos of yourself and of /or your child/children, registered at the bottom of this document, during the CICE projet held on during June 22 till august 07, 2020 in Chelsea, QC.

You also authorize CICE committee and the Municipality to reproduce and/or publish the photo/s, of whom name/s written below, and use it/them for publicity in their promotional documents or tools.

I understand and accept that I can't and will not do any claim of any sort at any time for the photo /these photos taken during the event mentioned above.

ACCEPTANCE

I have read and understand all the content of this document and I accept all conditions in it.

I accept: ☐ *(please check)*.

This permission form is valid for all person whose name is registered and signed below. Please write your name and/or your child/children name/s and please sign. Thank you to help us promote our events! Please write clearly in print character all names. Thank you.

PARENT/S' NAME/S OR ADULT PARTICIPANTING :_____ SIGNATURE: _____

_____ _____

CHILD/CHILDREN'S NAME/S: _____

_____ PARENT'S SIGNATURE: _____

_____ _____

Date: _____

(DD/MM/YYYY)

Fiche de santé du coopérant

NOM : NUMÉRO D'ASSURANCE MALADIE : _____

DATE DE NAISSANCE : _____

ADRESSE : _____

VILLE : _____ CODE POSTAL : _____

TÉLÉPHONE : _____

En cas d'urgence, contacter :	En cas d'urgence, contacter :
Nom : _____	Nom : _____
Lien : _____	Lien : _____
Téléphone 1 : _____	Téléphone 1 : _____
Téléphone 2 : _____	Téléphone 2 : _____

Maladies connues :	Médication :

Allergies ou autres informations importantes :

_____

_____

To register, fill up and forward this candidate form with the payment to Roxanne Laframboise-Larose, Chelsea Recreation, sports, culture and community life Department and member of the Local Committee of the Chelsea Youth Coop.

Before June 12, 2020 by one of these methods:

- *By e-mail: at r.larose@chelsea.ca*
- *By fax, attention to Roxanne Laframboise-Larose: 819-827-2672*
- *In person or by mail at: 100 Old Chelsea Road, Chelsea QC J9B 1C1*

Office hours: *Monday to Friday from 8:30 a.m. to 4:30 p.m.*

IMPORTANT: Candidates who will take part in the Youth Coop program, will need to get some working boots and wear them every time they will work for a client.

You can contact the CYC office directly, by May 18, 2019 by dialing 819-360-0630

We are waiting for you!
