



Nova Scotia Secondary School Students' Association  
Inclusion Conference  
**S.H.I.N.E 2018**

**Delegate Assistant Application Form**

**Saturday, April 14 8:00am-9:00pm Rosaria Building, Mount Saint Vincent University, Halifax, NS**

This application form is for students who have experience working with people who have special needs and/or have an interest in working with students with special needs. This is a different position from the traditional conferences and it is called a Delegate Assistant. A Delegate Assistant is very similar to an E.P.A. in a school. You will be practicing the buddy system through conference with your partner, helping them with anything that they may need, etc. Delegate assistants and Delegates are equal, attending conference together.

Please note: You will not be responsible for administering medicine or any first aid process. You will be required to make prior communication with the Delegate and their parents to learn specific needs. You will also be attending a compulsory Training Retreat **on Sunday, April 8 from 10am-4pm at the Mount Saint Vincent Univeristy** where you will be receiving training on the needs of specific delegates.

Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth Date: (year/month/day) \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ School Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Grade: \_\_\_\_\_

Region (please circle): Chignecto Metro Sou'west Straight CBV Valley

T-shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

**HEALTH CARD MUST BE BROUGHT TO CONFERENCE**

**Consent for emergency medical treatment:**

Parent/Guardian Name: \_\_\_\_\_ P/G Home #(\_\_\_\_) \_\_\_\_\_

P/G Cell #:(\_\_\_\_) \_\_\_\_\_ P/G Work #(\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/2016

Emergency Contact (other than parent): \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

**Medical/Dietary Concerns:**

Do you have any conditions, allergies and/or medications currently being taken?

\_\_\_\_\_

Do you have any dietary restrictions?

\_\_\_\_\_

**Photo/Video Consent**

At this conference, there will be representatives of the NSSSA documenting the day.

I consent to images of my child being used by the NSSSA for promotional purposes only.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian permission to attend S.H.I.N.E. 2018**

I, \_\_\_\_\_ the parent/guardian give permission for my child,  
\_\_\_\_\_ to attend S.H.I.N.E 2018.

Parent/Guardian signature \_\_\_\_\_

All schools MUST have a Principal's Designate (Advisor) with them at the conference. Please have the designated Advisor complete the information below. (Please note that there can't be a ratio of more than 12 students per adult). If you are having difficulty securing an advisor, please contact our Committee Advisor Meagan Soley (902) 452-6347 (cell) / meagan.soley@gmail.com

Advisor Name: \_\_\_\_\_ School Phone#(\_\_\_\_\_) \_\_\_\_\_

Home Phone #:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone #(\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Position (Teacher/Parent/Community member, etc): \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Being a Delegate Assistant at S.H.I.N.E 2018 will provide a completely new experience for everyone. It will allow you to grow and explore new opportunities. You will also have the opportunity to help give a delegate the experience of a lifetime. This being said, it is important for us to choose the best fitted people for the position.

Please answer the following questions (use a separate sheet if necessary) & send in with your completed form.

1) What is your previous experience with the NSSSA? Please list conference names and positions (delegate, skillbuilder, Cabinet, etc)	
2) Do you have any experience working with people who have special needs?	
3) What is your greatest accomplishment?	
4) Why would you like to get involved or continue to be involved with the special needs community?	

5) What are some things you do in your spare time? (Hobbies, sports, etc)	
6) Would you feel comfortable being paired with someone of the opposite gender?	
7) If you were trapped on an island and you could bring any three things with you, what would you bring?	

**All delegates assistants must be available to attend the mandatory training retreat on Sunday, April 8 from 10am-4pm at the Mount Saint Vincent University.**

**Form and payment of 75\$ are due Friday, March 9 ,**

This form must be given to you advisor and accompanied by payment in the form of cash, cheque or money order made payable to **your school**. Your advisor will mail in all forms and payments to:

**The Inclusion 3-Tions  
P.O. Box 8662  
Hfx, C.S.C.  
Halifax, NS, B3K 5M4**

Note: **No refunds for cancellations after Saturday, March 31**  
If you have any questions or concerns, please feel free to contact:

<p>Emily Sauliner Inclusion Co-Chair 902 209 1748 emily.sauline13@gmail.com</p>	<p>Taryn Hanrahan Inclusion Co-Chair 902 478 1858 taryn.hanrahan003@gmail.com</p>
---	---