



## Nova Scotia Secondary School Students' Association

### **Inclusion Conference Skillbuilder Application Form SHINE' 18 (Students Having Inclusive New Experiences) Mount Saint Vincent University, Halifax, N.S. Saturday, April 14th 2018 9: 00 AM – 8:00 PM**

In order to be selected as a Skillbuilder, you must have attended an Inclusion conference. Skillbuilders will be selected based on their experience and interest in working with students with disabilities and their responses to the attached questions. Please ensure that you complete both pages of the application. As a skillbuilder, you will serve as a guide and a friend to all the delegates and delegate assistants in your group during sessions, and will lead your group through the Skillbuilding Manual we provide. This opportunity is an incredible experience that will be extremely rewarding. You must also attend a compulsory Training (Date TBA) where you will receive training on the needs of specific delegates.

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

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(year/month/day) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ 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 Medical/Dietary Concerns: Do you have any conditions, allergies, or take any medication?  
\_\_\_\_\_

Consent for emergency medical treatment: Parent/Guardian Name: \_\_\_\_\_ Parent  
Cell #: (\_\_\_\_) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/2016

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

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. Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**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 at (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 Skill builder at SHINE '18 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.

**Please answer the following questions. Use a separate piece of paper if necessary, and then send in with your completed form!**

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| <p>1. Have you been involved with the NSSSA before? If so, please list previous conferences attended and your role at each one.</p>   |  |
| <p>2. Why do you want to be a skill builder for S.H.I.N.E?</p>  |  |
| <p>3. Do you have any experience working with or volunteering for persons with disabilities? If so, please describe.</p>  |  |
| <p>4. What does Inclusion mean to you? Why do you think inclusion is important?</p>   |  |
| <p>5. Share either two cool facts about yourself (Ex: Places visited, favorite song at the moment, your hobby, the craziest celebrity encounter you've had...etc.) or your favorite joke.</p> |  |

If you have any questions about the S.H.I.N.E skillbuilder application form, please email:  
caseymackenzie13@gmail.com

Form and payment of \$75 are due March 9th, 2017. This form must be given to your advisor and accompanied by payment in the form of cheque or money order made payable to your school. Your advisor will then mail in all forms and payment. Please mail all forms and payment to: NSSSA Inclusion 3-Tions PO Box 8662 Hfx. C.S.C  
Halifax, NS, B3K 5M4

*If you have any questions or concerns, please feel free to contact:*

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| <p><b>Taryn Hanrahan</b><br/><b>Inclusion Co-Chair</b><br/>(902) 478-1858<br/>taryn.hanrahan003@gmail.com</p> | <p><b>Emily Saulnier</b><br/><b>Inclusion Co-Chair</b><br/>(902) 209-1748<br/><a href="mailto:emily.saulnier13@gmail.com">emily.saulnier13@gmail.com</a></p> |
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