

STUDENT APPLICATION

Funded by the Ministry of Children, Community and Social Services, Student Links is an opportunity for students (ages 14 to 21) who identify as having an intellectual disability to explore ideas for their future after high school. It matches students and mentors who share a common passion or interest. The goal is to enhance their capacity to make informed decisions about their future prior to leaving school and to support the natural development of relationships and connections to their community.

Student Links is tailored to meet the needs of each individual student and may include hands-on experiences, exploration of new interests, and an introduction to work, volunteer or community-based roles. Opportunities are created for students to meet with people who are currently engaged in, or who have substantial knowledge of, the identified interest. For example: a student interested in working outdoors might be introduced to someone who works for a landscaping company or a national/provincial park, enabling the student to experience and learn about different types of work roles and volunteer opportunities. If a student expresses an interest in dogs, they may be introduced to a groomer, staff at a veterinary clinic, a breeder, or the owner of a pet store. The possibilities are endless!

After completing the application, the first step is for the student to meet with the Student Links coordinator and together identify ideas, interests, passions and roles they are interested in. Families and guardians are welcome to attend the first meetings. Following the initial meeting, the coordinator will confirm a follow up meeting to spend time with the student to explore community contacts, resources, and community businesses that specialize in the student's identified interest area. Student Links is a collaborative initiative and as such, students, families and guardians are encouraged to be part of the process. The next step is for the coordinator to seek out an individual who is actively engaged in the area of interest and who is willing to be a mentor and/or spend time with the student to assist them in gaining further knowledge and experience. The coordinator, the potential mentor, and student will meet to discuss their shared interests and get to know each other. If the potential mentor and the student are interested in continuing to meet, the coordinator will support this process and design a mentoring plan which will outline goals, learning objectives and timelines.

Student Links is offering in-person and virtual meetings as well as the option of a combination (in-person and virtual). Please discuss with your coordinator how to best structure your Student Links experience.

STUDENT INFORMATION

Student Name	
Pronouns (optional)	
Date of Birth	
Street Address	
City & Postal Code	

Student Phone Number	Home:	Cell:
Student E-Mail Address		
Name of School and Grade		
Name of teacher(s)		

Is there a particular field of work or area of interest that you would like to learn more about?

Family Information

Parent or guardian name(s) (if under 18)	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
When is the best time and method to contact you?	
Do you have any serious medical concerns?	

Student's Signature		
Parent's/Guardian's Signature		Date:

For more information about Student Links, please contact:

Eric Humphreys (Coordinator Name)

548-405-5000 (Phone number)

ehumphreys@communitylivingontario.ca (e-mail address)

For more information about Student Links, please visit <https://communitylivingontario.ca/what-we-do/student-links/>

Publicity/Photo/Audio/Video Consent Form

I hereby grant permission to Community Living Ontario and its representatives ("CLO") and the Community Living Ontario Foundation and its representatives (the "CLO Foundation") to photograph, video and/or audio record me and otherwise capture my image, and to make recordings of my voice. I further grant to CLO and the CLO Foundation the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining CLO and/or the CLO Foundation and its activities and for any administrative, promotional, educational, marketing, research or internet communications purposes. Photographs, video images and voice recordings are the property of CLO and/or the CLO Foundation. Examples of how my image may be used includes:

- Posting them on the internet, including on CLO and the CLO Foundation's website and/or social media,
- Publishing them in printed materials such as newsletters, annual reports, and other updates produced by CLO and/or the CLO Foundation.

I AGREE that there will be no time limit on how long CLO and/or the CLO Foundation can use the photos and/or videos for.

I UNDERSTAND that this means that my image may be distributed to the general public through printed and online publications of CLO and/or the CLO Foundation, and that I may be publicly identified as associated with CLO and/or the CLO Foundation by giving this consent.

A. Accepted and Agreed to by:

Name: _____

- Person Supported/Volunteer/Donor
 Person Legally Authorized¹
 Other

Other Relationship: _____

Signature: _____

Date: _____
(dd/mm/yyyy)

B. The parent or guardian or other family member (where applicable) for a person supported who is between 16 - 18 years of age should also complete the box below:

I hereby certify that I am the parent or guardian or other family member of the below-named minor who between 16-18 years old.

I CONSENT that any images and/or audio/video recording of the minor and use of the minor's name may be used and disclosed for the purposes and under the rights set out above.

¹ A person legally authorized refers to someone who has been appointed as Power of Attorney or as Guardian for the person.

Name of Minor:	
Signature of Parent, Guardian or family member:	
Organization	Date:
Telephone Number of Parent or Guardian:	
Email address of Parent or Guardian:	

C. The parent, guardian or other family member (where applicable) of any individual under the age of 16 should complete the box below.

I hereby certify that I am the parent or guardian or other family member of the below-named minor who is under the age of 16 years.

I CONSENT that any images and/or audio/video recording of the minor and use of the minor's name may be used and disclosed for the purposes and under the rights set out above.

Name of Minor:	
Name of Parent, Guardian or family member:	
Signature of Parent, Guardian or family member:	
Organization	Date
Telephone Number of Parent or Guardian:	
Email address of Parent or Guardian:	