



CASS

## Friendship and Dating Program

<b>Applicant Information</b>				
Name:		Gender Identity: <i>*optional*</i>	Pronouns: <i>*optional*</i>	Age:
Phone Number:		Email:		
Address:	NUMBER	STREET	CITY	PROVINCE
				POSTAL CODE
Are you your own legal guardian?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what is the full name of your legal guardian?		
<i>If applicable</i> , what is your legal guardian's contact information?				
Who are your CASS Coordinators?				
<b>Communication/Assistive Needs</b>				
The Friendship & Dating Program uses some written material as part of its curriculum. Do you need any support with reading, writing, or understanding written documents? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you do need support, who helps you with this?				
It is the individual's responsibility to get to and from the group's community activities. Will you require assistance from a support staff to help you access the program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please describe the type of assistance you require:				
Please indicate your means of transportation to and from the group?				
<input type="checkbox"/> ACCESS Calgary <input type="checkbox"/> Calgary Transit <input type="checkbox"/> Staff Vehicle <input type="checkbox"/> Other (please specify):				
<b>Medical Needs</b>				
Are there any medical concerns (e.g. seizure disorders, allergies, etc. ) that we need to be aware of in case of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please list here:				
Do you have any allergies (e.g., food, environmental)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please list here:				



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Additional Information
Friendships and Dating will be running two programs, a fall and winter course. Which session would you like to attend? <input type="checkbox"/> Fall (October to December) <input type="checkbox"/> Winter (January to April)
Enrollment in the Friendship and Dating program is limited, if you do not get a spot in the current session, would you like to be placed on a wait list for future classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Friendships and Dating is a ten week program that focuses on both class and community learning opportunities. The facilitators of this program will do our best to plan as many free community activities as possible, however there may be some activities that cost money. Please indicate what you can afford on a weekly basis to participate in the program: <input type="checkbox"/> No budget <input type="checkbox"/> \$0-\$5 <input type="checkbox"/> \$5-\$8 <input type="checkbox"/> \$8-\$12 <input type="checkbox"/> \$12-\$15
Do you have annual memberships to any community organizations (e.g., Calgary Zoo, YMCA, Telus Spark, Heritage Park, etc.): <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify:
Do you have a City of Calgary Fair Entry card? <input type="checkbox"/> YES <input type="checkbox"/> NO
When you agree to attend the Friendships and Dating program, it is important to commit to attending all sessions from start to finish. It is a big commitment! Is there anything that could get in the way of your ability to attend ALL 10 weeks of classes? If YES, please specify:
Is there any place in the city you are not comfortable going to? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please indicate where:
Please confirm that you can attend all 10 weeks, two times per week, of the Friendships and Dating sessions? <input type="checkbox"/> YES <input type="checkbox"/> NO
Further Information
What do you want to learn or get from this course?

If you have any questions about the Friendships and Dating Program, or this application form, please contact the CASS office at (403) 283-0611 or email [friendship@c-a-s-s.org](mailto:friendship@c-a-s-s.org)

Please submit this form via email to [friendship@c-a-s-s.org](mailto:friendship@c-a-s-s.org) or in person at the CASS Main Office.