

# BEYOND EDUCATION (BE)

Little Mountain Neighbourhood House  
3981 Main St. Vancouver BC  
stephanie\_feng@lmnhs.bc.ca  
(604)879-7104 ext. 410

## Application for participation in the Beyond Education Program

### Contact Information

first name	last name		
telephone	email		
apt/unit#	street address	city	postal code
emergency contact person	relation to you	contact number	

### Personal Information

gender	how do you self identify (visibly minority, indigenous, etc.)	date of birth (dd/mm/yyyy)		
first language	other languages spoken	school	grade	student number

### Availability

ex. Monday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5-9pm							

Which of the following topics are you interested in learning? (Mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Inclusive Leadership           | <input type="checkbox"/> Facilitation Skills         |
| <input type="checkbox"/> Professionalism                | <input type="checkbox"/> Stress and Anger Management |
| <input type="checkbox"/> Special Event Planning         | <input type="checkbox"/> Boundaries and Self Care    |
| <input type="checkbox"/> Interviews and Resume Building | <input type="checkbox"/> Public Speaking             |
| <input type="checkbox"/> Employability Skills           | <input type="checkbox"/> Conflict + Communication    |
| <input type="checkbox"/> Job Search / Networking        | <input type="checkbox"/> Social Justice              |
| <input type="checkbox"/> Values and Diversity           | <input type="checkbox"/> Other _____                 |

What fields of work are you interested in trying? (Mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Retail                           | <input type="checkbox"/> Engineering, Science, and Tech    |
| <input type="checkbox"/> Food Services                    | <input type="checkbox"/> Political Science                 |
| <input type="checkbox"/> Social and Recreational Services | <input type="checkbox"/> Management, Business, and Finance |
| <input type="checkbox"/> Education                        | <input type="checkbox"/> Law Enforcement & Law             |
| <input type="checkbox"/> Trades                           | <input type="checkbox"/> Hospitality, Tourism, and Service |
| <input type="checkbox"/> Health and Wellness              | <input type="checkbox"/> Communications                    |
| <input type="checkbox"/> Arts and Design                  | <input type="checkbox"/> Other _____                       |

This program requires commitment to 8 sessions over 8 weeks over October 21st - December 16th  
Please write about a commitment you have made and kept in the past.


What do you hope to gain from your participation in the BE Program?


1. By signing below, I hereby represent that my child has no physical restrictions other than described above that would prohibit my child's participation in the program.
2. By signing below, I hereby release, remise and forever discharge LMNH, its agent or volunteers, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by LMNHS.
3. I agree to my child's photo being used for promotional use\*: Yes No

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date dd/mm/yyyy

\_\_\_\_\_  
Date dd/mm/yyyy

October 21st - December 16th 2019  
Mondays 3:15 - 4:45pm  
Eric Hamber Secondary - Multipurpose Room  
For more information:  
Please email Stephanie Feng at [stephanie\\_feng@lmnhs.bc.ca](mailto:stephanie_feng@lmnhs.bc.ca)  
or call (604)879-7104 ext. 410

Please submit forms electronically through email or  
drop off in the SWIS/CST Office - Room 260