

# **C.A.R.E.** Society

431 Princess Ave., Vancouver, BC V6A 3C9 Phone: (604) 681-4328 www.caresociety.com Email: care@caresociety.com

Application # \_

(Official Use Only)

### **PERSONAL DATA**

## **CONTACT INFORMATION**

| Last Name  | Street  |  |
|--|---|--|
| First Name   | Suite City  |  |
| Preferred Name   | Province Postal Code  |  |
|  | Telephone Number( )<br>Secondary Number( )<br>Fax Number( )<br>E-mail Address |  |
| Name of School (if applicable):  |   |  |
| How did you hear about this program?   |   |  |
| HEALTH CONDITION   |   |  |
| Can you travel by airplane? 🛄 Yes 🛄 No<br>Any special health conditions that you would lik | e to inform us?   |  |
|  |   |  |
| TRAVEL INFORMATION   |   |  |
| Origin City  | Desired Date of Departure   |  |
| Destination City   | Desired Date of Return  |  |

#### **REASON TO TRAVEL**

Please tell us why you want to travel and need assistance in obtaining airplane tickets. (Please attach a separate document if you require more space)

| Applicant's Name                         | Application #             |
|--|---------------------------|
| 9A9F;9B7M7CBH57H                         |                           |
| Name                                     | Relationship to You       |
| Street                                   | Suite City                |
| Telephone Number ( )                     | Secondary Number ( )      |
| Is there anything else that you would li | ke to notify the Society? |
|  |                           |
|  |                           |
|  |                           |
|  |                           |

#### 897@5F5H=CBC: 5DD@=75BH

I certify that all information on this form is true and complete to my best knowledge. I consent to the disclosure of information on this form to C.A.R.E. Society (the Society), Asia Miles and other parties involved in this program. I understand that failure to provide my consent, or any misrepresentation, may result in cancellation of my application.

As a condition of participation in the Points of Contact program, I understand and agree to provide the Society with materials such as a written report and photographs as proof and record of my travel. I hereby give the Society and Asia Miles the permission to utilize, publish, and release any submitted materials for reporting, marketing or other purposes deemed appropriate by the Society and Asia Miles. Please refer to the Guideline for Post Trip Follow-Up Report for more details.

Signature \_\_\_\_\_ Date \_\_\_\_\_

D`YUgY'a U]``cf'Ya U]``mci f'Wza d`YhYX'UbX'g][bYX'Udd`]WUh]cb'Zcfa `hc'h\Y'UXXfYgg'cb'h\Y Z]fghdU[Y`cZ`h\]g`Udd`]WUh]cb`Zcfa "````

| This application has been received on | <br>and reviewed by the Board of |
|---------------------------------------|----------------------------------|
| Directors on                          |                                  |

The Board of Directors has accepted rejected this application.

| BchYg. |  |
|--------|--|
|--------|--|



431 Princess Ave., Vancouver, BC V6A 3C9 Phone: (604) 681-4328 www.caresociety.com Email: care@caresociety.com

#### **Guidelines for Post Trip Follow-Up Report**

Upon return from your trip, we kindly ask you to share your experience with us and other people who are interested in the Points of Contact program! Please prepare a written report and provide us with some photographs taken during your trip. Please submit your materials to us on USB memory, CD or DVD.

The following questions are designed to give you some ideas of the type of information that you can include in your report, but please feel free to include any additional information or materials that you would like to share with us and other people who are interested in our program.

- 1. What was the main purpose or reason of your travel?
- 2. What did you do during your trip? Please describe in detail the various activities that you did during your trip.
- 3. How does this experience affect you personally? What are the key results or outcomes of your trip?
- 4. Did you benefit from the Points of Contact program? How did this program help you?
- 5. Would you recommend this program to other people?
- 6. Is there anything else that you would like to share with us? Please include any additional comments and suggestions.

Please be informed that any collected materials may be used for reporting, marketing or other purposes deemed appropriate by the C.A.R.E. Society.

To better serve you, please contact us by email as our office is staffed by volunteers on a part-time basis only.