



# Wonder of Work After School

Wonder of Work (WOW) provides youth in Grades 5/6 with the opportunity to explore various career paths like Social Work, Ceramic Artist, UX Designer and more! Participants leave WOW empowered to take charge of their unique career paths.

**Free!**

## PROGRAM DETAILS

**Date:** Thursdays, from March 6th - May 15th, 2025

**Time:** 4:00 PM - 6:00 PM

**Included:** Snacks

**Location:** 1880 Alexander Avenue, Winnipeg MB.



To register, contact Paula Madrid at

 [pmadrid@careertrek.ca](mailto:pmadrid@careertrek.ca)

 204-990-5066

 [careertrek.ca/programs/wonder-of-work-winnipeg/](https://careertrek.ca/programs/wonder-of-work-winnipeg/)





# Career Trek Program Application

Please ensure printing is legible. We also have a fillable pdf version of the Program Application Form, ask a staff!

## Program Information

**Region:**

- ☐ Winnipeg & Surrounding Area  
☐ Brandon & Surrounding Area  
☐ Thompson & Surrounding Area

**Program:**

- ☐ Wonder of Work  
☐ Your Future is Now  
☐ My Path Forward  
☐ Junior Staff Mentorship Program  
☐ Empowering Parents  
☐ Summer Camp

## Participant Information

**Full Name:****School:****Grade:****Age:****Preferred Name:****Pronouns:****Date of Birth:**

(dd/mm/yyyy)

**Gender:**☐ Male☐ Female☐ Non-Binary☐ Prefer not to answer☐ Other:**Participant Home Address:**

(city/town/community, Province &amp; Postal Code)

**Affiliation with Youth Services:**☐ In care with Winnipeg CFS GA☐ In care with another CFS Agency

## Health Information

**Registration Number (6-Digits):****PHIN Number (9-Digits):****Has a copy of their Birth Certificate:**☐ Yes☐ No**Has a SIN#:**☐ Yes☐ No**Does the Participant have:**☐ Asthma☐ A Medical Alert Bracelet☐ Carries an inhaler & can self-administer☐ Allergies – \*Please Specify below:☐ Carries an EpiPen & can self-administer☐ Dietary accommodations – \*Please Specify below:☐ Additional health concerns – \*Please Specify below:**Please provide us with the following details:**

Description and detail(s) of the condition(s); symptoms, or triggers (if applicable), management strategy, medication requirements, food, and dietary accommodations.

☐ Yes, I would like to request an accommodation consultation to discuss specific needs, support options, or adjustments for program participation.

## Demographic Information

Career Trek collects demographic and personal information for the purpose of ensuring the inclusion and safety of all participants, it helps us understand who is in our programs and is in alignment with results we need to report to our funders. We are committed and subscribed to the highest level of confidentiality and to protecting the privacy and personal information of all participants. All data that is reported is aggregated and will not identify individual participants or families. We appreciate your willingness to complete this section.

☐ First Nations

☐ Metis

☐ Inuit

☐ Black

☐ 2SLGBTQIA+

☐ Visible Minority/Person of Colour

☐ Person with a Disability

☐ White

☐ None of the above

☐ Prefer not to answer

### Photo Consent

Career Trek takes pictures of participants at programming for administrative and promotional reasons.

The administrative reasons for taking pictures include health, safety, and identification.

I understand that pictures may be taken and used for **administrative reasons**, and I am providing consent for the participants to be photographed.

☐ Yes

☐ No

The promotional reasons for taking pictures of participants include raising awareness of Career Trek through advertising, marketing, and fundraising. This includes but is not limited to news stories, paid advertising, proposals, reports to funders, and print materials.

I understand that photographs may be taken for **promotional purposes**, and I am providing consent for the participant to be photographed.

☐ Yes

☐ No

### Acknowledgment of Risks & Waivers

- ✓ **I understand** that accidents and injuries can happen as part of the programming and activities being provided by Career Trek. I hereby release and waive all rights to any claim or action against Career Trek arising from injury, loss, or damage to the participant while participating in the program.
- ✓ **I acknowledge** that it is the participant's responsibility to ensure their safety before and after programming by following the rules and expectations set out by Career Trek and its partners. I hereby release Career Trek from all liability for any harm or injury to the participant however the harm or injury is caused.
- ✓ **I hereby authorize** Career Trek to seek emergency medical assistance on the participant's behalf and to contact the emergency contacts if I cannot be reached.
- ✓ **I understand** that any alternate persons picking up the participant(s) needs to provide picture ID and must be 18 years or older. I understand that I must inform Career Trek staff in advance by telephone/email of the arrangements, or the participant will not be released.
- ✓ **I give consent** for the participant to participate in any off-site activity during the program. I understand that transportation to and from these activities will be provided by the First Student Bus Lines which will be under the supervision of Career Trek staff.

## Parent/Guardian Information

Parent/Guardian Name:

Parent/Guardian Name:

Relation:

Relation:

Phone Number:

Phone Number:

Email:

Email:

Home address if different from participant:  
(city/town/community, Province & Postal Code)

Home address if different from participant:  
(city/town/community, Province & Postal Code)

## Emergency Contact Information

Emergency Contact 1

Emergency Contact 2

Name:

Name:

Relation:

Relation:

Phone Number:

Phone Number:

## Participant Sign-Out

At the end of a program session:

- ☐ Listed parent/guardian(s) will pick up participant(s)
- ☐ My child(ren) can leave on their own after the program session.
- ☐ My child(ren) can be picked up/dropped off by the following individual(s)
- ☐ I am aware that the individual(s) picking up my child(ren) will need to provide identification to Career Trek staff.

*Please list the name and relationship to the participant all any/all individuals approved for drop off or pick up*

## Participant & Parent/Guardian Signatures

Parent/Guardian Name:

Parent/Guardian signature (if applicant is under the age of 18):



- ☐ I would like to be added to the Career Trek newsletter on upcoming program and events

Participant Signature:



Date (mm/dd/yyyy):

How did you hear about us?

- ☐ Word of mouth
- ☐ Social Media
- ☐ School/Teacher
- ☐ Flyer/Poster
- ☐ Website
- ☐ Advertisement

Thank you for filling out Career Trek's Program Application form. Upon completion, please submit the form to Paula Madrid at pmadrid@careertrek.ca. Paula will follow up to confirm enrollment.