

MIND OVER METAL

Youth Camp Application

We partner with secondary, post-secondary, and community organizations to host Mind Over Metal camps that introduce welding to youth across Canada. We seek financial support from industry and corporate partners to meet the demands of the camps.

A. Applicant Information

Name of Host Institution/School/Organization

Address

City

Province

Postal Code

Phone Number

Name of School Board or District (if applicable)

Will the location of the camp be different that the address listed above If yes, please provide the address for the camp location

Yes No

Applicant Contact Information

First Name

Last Name

Position

Phone Number

Email

Alternate Phone Number (if applicable)

Have you attached a Letter of Approval confirming that Senior Leadership/Administration supports this application?

Yes No

If No, please explain how this camp is being supported.

B. Camp Information

Instructor Information

Primary Instructor Name

Position

Telephone Number

Alternative Contact Number

Email Address

Secondary Instructor (if applicable)

Position

Telephone Number

Alternative Contact Number

Email Address

Volunteers/Support Team for Camp

Do you have volunteers that will help support the delivery of the camp?

Yes

No

If no, will you be able to recruit volunteers prior to the camp, please explain.

If approved for a camp, you will be asked to provide a list of volunteers and relevant background information.

PLEASE NOTE: All instructors and volunteers will be required to provide a criminal record check & vulnerable sector screening. Costs will be covered by the CWB Welding Foundation.

Camp Capacity:

Please identify the maximum number of campers for this camp.

Camp Dates:

Please provide a proposed camp date and alternative date. If you are approved to run a camp, the host and the CWBWF representative will discuss and confirm the camp date.

Proposed Camp Date:

Alternative Camp Date:

How will this camp make a difference to the youth in your community?

Protective Footwear:

All campers are required to have either steel-toed boot and/or toes caps for the duration of the camp. Please check if you agree or do not agree with this requirement.

I understand this is a requirement and will ensure that all campers comply:

I agree

I do not agree

Shop Description:

Please provide a brief description of the shop where the camp will be held. It is required that there is enough equipment to keep all camper busy. All equipment is assumed and certified to be in good working order and available for campers' use.

Number of welding booths in shop:

Equipment:

Do you have the necessary equipment to cut and process your own steel for the camp (i.e. iron worker, shear, and bandsaw)?

Yes

No

If no, how do you plan to cut and process the steel required for the camp?

C. Camp Costs:

Please identify an estimated cost of the camp. Please note: CWBWF staff will work with you to develop the full estimated budget if approved.

Item	Estimated Cost	Item	Estimated Cost
Materials/Consumables	<input type="text"/>	PPE	<input type="text"/>
Instructor Costs	<input type="text"/>	Equipment	<input type="text"/>
Guest Honorariums	<input type="text"/>	Food	<input type="text"/>

Other Camp Costs: Please list item and estimate cost

Item	Estimated Cost
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

The CWBWF typically provides each host a maximum of \$7500 to cover the costs of the program. If your camp costs are exceed this amount are you willing to find additional funds and/or sponsors for this camp?

Yes

No

D. Camp Recruitment:

How do you plan to recruit campers for your program? Please describe how the camp will be marketed to the community/communities in your area. (i.e. parent portal, social media, community organizations, Band Offices, etc.)

DECLARATION

I declare that this application form has been completed to the best of my knowledge.

I declare that I am authorized to submit this application on behalf of my organization and that if successful, I will fulfil all the requirements of the program as outlined by the CWB Welding Foundation.

I consent to the use of my name and organization's name in promotional material if approved. I understand that all other personal information collected will be used only for the program application.

Name of Signing Authority:

Signature:

Date: