

 <p>PLEASE PRINT</p>	CS- Attendant Pass Application	Community Services
<h2 style="margin: 0;">ATTENDANT PASS APPLICATION</h2>		

Contact Information	SECTION 1
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Name _____ Caregiver (if applicable) _____

Date of Birth (yy/mm/dd) _____ Caregiver Phone (if applicable) _____

Mailing Address _____ City _____ Postal Code _____

Phone _____ Email _____

Applicant photo required:

photo enclosed photo will be emailed to inclusion@stjohns.ca photo will be mailed

Official Verification/Reference (Physician, Social Worker or Disability Agency)	SECTION 2
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This is to verify that the applicant has a disability and requires an attendant to assist them to attend events/activities in the community. Children under 12 may apply if a support person/worker is required in addition to a parent/guardian.

This applicant's disability is: Permanent Temporary – Anticipated duration? _____

Wheelchair seating Regular seating Attendant in addition to parent/guardian (under 12)

Other (please specify): _____

REFERENCE CONTACT INFORMATION

Name _____ Position _____

Organization _____ Phone _____

Address _____ City _____ Postal Code _____

E-Mail _____ Signature _____

Declaration (to be completed by applicant)	SECTION 3
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The information provided in this application is to the best of my knowledge, complete and accurate. I understand that the City of St. John's, Department of Community Services will contact the reference for further information if necessary. I also understand that approval is contingent upon verification from an acceptable reference along with my completed application and photo.

Signature of Applicant: _____ Date (yy/mm/dd) _____

*A guardian/caregiver may sign if the applicant is under 18 years OR is of legal age/unable to sign.

Guardian Name (Print): _____ Relationship to Applicant: _____

Signature: _____ Date (yy/mm/dd): _____

For Office Use Only

Date Received: _____ Approved: Yes No Pass Number: _____

Mail Out Pick Up



CS- Attendant Pass	Community Services	
Privacy Notice		SECTION 4
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email inclusion@stjohns.ca</p>		
<p>Please return completed forms to: Inclusive Services</p>	<p>City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2</p>	<p>Phone: (709)576-4556 Fax: (709)576-2308 Email: inclusion@stjohns.ca</p>