

# C.A.R.E. Housing Society

## Application Form - General Points of Contact

#609 – 402 West Pender Street, Vancouver, BC V6B 1T6  
Phone: (604) 681-4328 Fax: (604) 495-6367  
www.caresociety.com care@caresociety.com

Application # \_\_\_\_\_  
*(Official Use Only)*

### PERSONAL DATA

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Month) (Date) (Year)*

Citizenship \_\_\_\_\_

### CONTACT INFORMATION

Street \_\_\_\_\_

Suite \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Secondary Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### HEALTH CONDITION

Can you travel by airplane?  Yes  No

Any special health conditions that you would like to inform us?

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### TRAVEL INFORMATION

Round-Trip or One-Way? \_\_\_\_\_

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 feel free to provide any supporting document or attach additional pages if desired)*

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Applicant's Name \_\_\_\_\_ Application # \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Secondary Number ( ) \_\_\_\_\_

Is there anything else that you would like to notify the Society?

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## DECLARATION OF APPLICANT

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. Housing 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 \_\_\_\_\_

**Please mail the completed and signed application form, along with a copy of your passport to the address above. To speed up your application process, please also fax the documents to the Points of Contact program at (604) 608-3536.**

**NOTE: To better serve you, please direct all phone calls and faxes related to the Points of Contact program to (604) 608-3536.**

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## OFFICIAL USE ONLY

This application has been received on \_\_\_\_\_ and reviewed by the Board of Directors on \_\_\_\_\_.

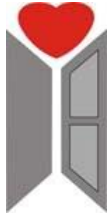
The Board of Directors has  accepted  rejected this application.

**Notes:**

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### **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. If possible, please submit your materials to us via email or supply us with a CD.

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. Housing Society.

To better serve you, please direct all phone calls and faxes related to the Points of Contact program to (604) 608-3536.