

## Kids Come First Submission of Interest: Youth or Family/Caregiver Partner

Interested in becoming a Youth or Family/Caregiver Partner with Kids Come First? Fill out this form and email it to <a href="mailto:communications@kidscomefirst.ca">communications@kidscomefirst.ca</a>.

*First Name:	
*Last Name:	
Preferred Name: (the name you would like us to call you)	
Pronouns:	
Phone Number:	
Email:	
City/town that you currently live in:	
How can we reach you? (select all that apply)	□ Phone
	□ Email □ Other
	Li Other
*What language(s) do you speak? (select all that apply)	☐ English ☐ French ☐ Other:
*Are you interested in joining Kids Come First as a Youth or Family/Caregiver Partner? (select "Both" if you are a youth and parent/caregiver to a child)	<ul> <li>☐ Youth partner</li> <li>☐ Family/caregiver partner</li> <li>☐ Both</li> <li>☐ I am not sure</li> </ul>



Please tell us about your past and/or present experiences receiving physical, mental, or developmental health services:

(e.g., Complex medical care services, mental health services, addictions or substance use health services, hospital or community-based services, home care, public healthcare)

Please tell us why you want to join Kids Come First:

Is there anything else you would like us to know?

If you are comfortable sharing, please check the population group that represents you or your child. (select all that apply)  The Kids Come First team values equity, diversity, inclusion, and indigeneity and is committed to representing the diverse community we serve.	<ul> <li>☐ Indigenous (First Nations, Metis, Inuit, other)</li> <li>☐ LGBTQ2S+</li> <li>☐ Visible minority</li> <li>☐ Religious minority (Muslim, Jewish, Hindu, Buddhist, other)</li> <li>☐ Francophone</li> <li>☐ First language not English or French</li> <li>☐ Newcomer to Canada</li> <li>☐ Disability</li> <li>☐ Other:</li> </ul>
How did you hear about Youth and Family/Caregiver Partners with Kids Come First?  (select all that apply)	<ul> <li>☐ Kids Come First or 1Call1Click.ca website</li> <li>☐ Social media</li> <li>☐ Friend or family member</li> <li>☐ Health care provider (e.g., doctor)</li> <li>☐ Hospital or community organization</li> <li>☐ Other:</li> </ul>