



Temporary Member # _____

FOR VOLUNTEER/OFFICE USE ONLY

- ___ Emergency Contact Info Completed
- ___ Release Signed & Witnessed
- ___ Code of Conduct Signed & Witnessed
- ___ Email address included

Initials _____

Membership Registration Form

Today's date: ____ / ____ / ____
 Month / Day / Year

Please take a few minutes to complete the following questions about yourself. Wellspring uses this information to help develop its programs and services, and your personal information will not be shared in any way outside of Wellspring Calgary.
All responses are strictly confidential.

I will most likely be attending Wellspring programs at:

- North - Carma House South – Randy O'Dell House Other: _____

*** The fields marked with asterisks are mandatory***

*Last Name	*Given Name	Preferred Name
*Address:		
*Town/City:		
*Province:	*Postal Code:	*Preferred Phone:
Alternate phone:		Email:
*Emergency Contact Information:		
*Name	*Phone Number	*Relationship

*You are registering with Wellspring Calgary because you are a:

- Person diagnosed with cancer
- Family member or friend in a significant, active caregiving role
- Bereaved (Only page 1 required)

(If your visit to Wellspring Calgary relates to the loss of a loved one, please ask for a bereavement resource package.)



WELLSPRING CALGARY – Membership Registration Form

- *1. Gender: Male Female _____
- *2. Date of Birth: _____ Are you a young adult, aged 18-39? Yes No
Month/Day/Year *We offer a number of programs specifically for young adults*
3. How would you like to receive Wellspring Calgary correspondence?
 Email Mail No contact preferred
4. Many Canadians come from different ethnic or cultural backgrounds (such as First Nations, German, Chinese, Canadian, etc). Which ethnic or cultural group or groups do you identify with?

Specify: _____
5. What is your preferred language? _____
6. How did you hear about Wellspring Calgary? (Check all that apply)
- Wellspring Member
 - Wellspring Volunteer/Staff
 - Canadian Cancer Society
 - Advertising – specify: _____
 - Doctor's referral
 - Referral from hospital staff (e.g., nurse, social worker) – specify: _____
 - Wellspring literature in doctor's office, clinic, etc.
 - Wellspring Website
 - Social media
 - Other – specify: _____
7. What do you hope to gain from joining Wellspring Calgary (check all that apply)?
- | | |
|---|---|
| <input type="checkbox"/> Awareness of Complimentary Treatment | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Medical Resources |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Nutrition or Diet |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Social Support |
| <input type="checkbox"/> Exercise Program | <input type="checkbox"/> Return to Work |
| <input type="checkbox"/> Financial Resources Information | <input type="checkbox"/> Other – specify: _____ |
8. Do you have a family member/caregiver also registered at Wellspring Calgary?
 Yes No
- Member's Name: _____ Relationship _____
- Member's Name: _____ Relationship _____



WELLSPRING CALGARY – Membership Registration Form

9. May a Peer Support Volunteer contact you for a follow up “check in” to assist you with navigating Wellspring and to offer support?

Yes No

10. Wellspring Calgary conducts internal evaluations of its programs on an ongoing basis. May we contact you on matters that pertain to Wellspring Calgary’s mission, vision and mandate?

Yes No

Once your membership is activated, it is standard practice to contact you with program reminders and leave a message unless otherwise instructed.

11. Do you have children under 18? Yes No

If you would like to register your children who are under 18 years for kid friendly programs, please complete the following:

Child/Youth #1	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
*Last Name	*First Name	Preferred Name
*Date of Birth (Month / Day / Year):	Allergies:	

Child/Youth #2	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
*Last Name	*First Name	Preferred Name
*Date of Birth (Month / Day / Year):	Allergies:	

Child/Youth #3	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
*Last Name	*First Name	Preferred Name
*Date of Birth (Month / Day / Year):	Allergies:	

12. Do you have any concerns about your children related to your family’s cancer journey? Yes No

If you have children in your life that you would like to bring to programs but to whom you are not a legal guardian or if you have other adults that may bring your children to programs, please take a “parent/guardian authorization form.”



WELLSPRING CALGARY – Membership Registration Form

Person Diagnosed with Cancer, please answer the following:

*1. Date of most recent diagnosis: _____ Is this your first diagnosis? Yes No
Month / Year

Type(s) of primary cancer: _____

Please choose the sentence below that best describes the current status of the diagnosis:

- Newly diagnosed and/or the treatment plan is still being determined
- Currently in treatment
- Finished surgery, chemotherapy or radiation, and on a follow-up schedule
- Other, please describe: _____

2. Is the cancer incurable, metastatic, chronic, advanced or Stage IV(4)?

Metastatic cancer, also known as mets, is cancer that has spread from the primary cancer site to other distant parts of the body.

- Yes
- No
- Don't know

3. At which hospital did you or are you receiving treatment (please check all that apply)

- Tom Baker Cancer Centre
- Rockyview Hospital
- Holy Cross Centre
- Peter Lougheed Hospital
- South Health Campus
- Other, please specify: _____

Caregiver, please answer the following:

1. As a caregiver, the person living with the diagnosis is your:

- Child
- Spouse/partner
- Sibling
- Parent
- Other, please specify: _____

*We provide a variety of programs, services and resources for people living with cancer, and those who care for them. **Caregivers** (friend or family) currently in a significant and active caregiving role may hold a membership during the time they are actively supporting an individual living with cancer.*

Bereavement: *Wellspring Calgary provides bereavement support and resources. Should you become bereaved after becoming a Wellspring Calgary member, please notify us so we can direct you to specific programs and resources (both within Wellspring Calgary and in the community).*

All personal information collected will only be accessed and disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FOIP).

Thank you!



WELLSPRING CALGARY – Membership Registration Form

Release and Indemnity

Wellspring Calgary prides itself on being a safe and secure place for members. However, occasionally problems can arise that may lead to someone being injured. Because that could happen, Wellspring Calgary is asking you to carefully consider your own needs and well-being and to determine for yourself whether you are able to safely participate in the program(s) you want to take.

If you do decide to participate, Wellspring Calgary asks that you carefully read this document and, if you are prepared to do so, sign it. The document says that you fully accept and assume all the risk and all responsibility for any losses, costs, and damages that might result because of your participation in an activity sponsored by Wellspring Calgary.

In reading the document the following words are particularly defined:

“Activity” means any event or activity either organized or arranged by Wellspring Calgary or its Volunteers or Others that includes participation by you because of your association with the operations of Wellspring Calgary.

“Loss” includes personal injury, illness, death, property damage or other loss of any nature or kind however caused and whether arising by reason of the negligence of Wellspring Calgary, its employees, contractors, Volunteers or anyone else, or whether the loss is caused in some other way.

“Others” includes any employees, contractors, agents or representatives of Wellspring Calgary.

“Volunteers” includes Wellspring directors and officers and any person volunteering in the organization or the running of Wellspring and with respect to an Activity, any person running the Activity, and the respective heirs, executors, administrators, and personal legal representatives of all of those people.

I agree to accept all responsibility and liability for any and all risks and hazards of Loss and for any Loss that I or my child may suffer in any way connected with an Activity of Wellspring Calgary. Wellspring Calgary, its Volunteers and Others are not responsible or liable for any Loss I or my child may suffer in any way connected with that Activity.

I will not sue or otherwise make a claim against Wellspring Calgary, its Volunteers and Others for any loss I or my child may suffer in any way connected with an Activity. I hereby give up my right to make any such claim and I hereby indemnify Wellspring Calgary, its Volunteers and Others for any claims, including any dependants’ claim for damages under applicable statutes or otherwise that may be made against them arising out of any Loss I or my child may suffer arising from my participation in an Activity, and as well as for any legal fees or other costs incurred in defense of any such claim.

I will indemnify Wellspring Calgary, its Volunteers and Others for any claims that may be made against them for any Loss I or my child may cause and for any legal fees or other costs incurred in defense of any that kind of claim.

I also agree that by signing this document I am agreeing for myself and my child, for my heirs, and for my executors, administrators, legal personal representatives and anyone else who may claim on my or my child’s behalf.

I have read this agreement and fully understand its terms. I particularly understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is found to be invalid, notwithstanding that finding, the balance will continue in full force and effect.

Name / Signature

_____/_____/_____
Month/Day/Year

Witness Name / Signature

_____/_____/_____
Month/Day/Year



WELLSPRING CALGARY – Membership Registration Form

Code of Conduct - *Our Commitment to One Another*

I understand that my active and ethical participation is important to the success of my involvement and Wellspring Calgary’s efforts. Therefore, I agree to abide by the following guidelines for my participation:

I will treat all individuals with fairness and respect and be a positive role model for others with whom I have contact.

I recognize that each person associated with Wellspring Calgary must be free to pursue the course of action which they choose. In this spirit, I will not offer ‘prescriptions’ to any member of the community. Likewise, I will issue no judgment or criticism upon any member for the choices he/she makes.

I respect the right of every person to enjoy the space, solitude and full benefits offered by Wellspring Calgary. To this end, I will not willingly and/or maliciously interfere with staff, instructors, members and/or volunteers nor cause disruption of sessions.

I will hold in confidence all personal information gained about any members I meet, unless the member has agreed to have this information shared OR unless I believe, on reasonable grounds, that sharing such information will minimize harm to that member.

I understand that personal relationships are ethical insofar as they do not create a situation in which one person is uncomfortable and/or feeling threatened.

I will not place any member of the Wellspring community in a position which creates an ethical or legal dilemma for them (e.g. requests to copy materials in violation of copyright, make fraudulent claims, or make requests for access to confidential material).

In choosing to be associated with Wellspring Calgary, I assume the obligation to contribute to the Wellspring Calgary community, and will act accordingly to support the cause of Wellspring Calgary.

I will report any concerns to the Executive Director or to the President of the Board or to a staff member as appropriate.

As a Board member, staff, program leader, member or volunteer, I recognize my role as an ambassador to the community, especially when representing Wellspring Calgary and will act accordingly.

In order to preserve the privacy, safety and well being of Wellspring Calgary for all members, I will not solicit or market services or products within the Wellspring Calgary community, unless approved by management.

I agree to follow all established policies and procedures.

I will take responsibility for my health and safety and seek the advice of my physician if I am unsure about participating in any activity at Wellspring Calgary. I will not risk injury to myself or others.

Name / Signature

_____/_____/_____
Month/Day/Year

Witness Name / Signature

_____/_____/_____
Month/Day/Year

Please check all that apply:

Member Program Leader Volunteer Staff Member Board Member Committee Member