



## EYE Program Guidelines and Contract

*“Empowering Youth Entrepreneur (EYE Program)” funding is provided by the Government of Canada through the Youth Employment Strategy. This program is designed to develop employability skills for entering the workforce to become a successful and valuable employee or return to school.*

### Dress Code & Personal Presentation

You are representing not only yourself but EYE so follow these simple guidelines:

- Your appearance should be appropriate for a public business environment
- No pajama bottoms
- Maintain a respectable level of personal hygiene

### Personal Effects

- No cell phones (turned off and turned in)
- No iPod players or headphones on during workshops or presentations

### Behavior & Guidelines

- Do not block doorways / exits
- No rough play in centre (pushing, shoving, wrestling etc)
- No drinks at computer stations - **AT ANY TIME**
- Rooms to be clean at the end of each day
- No food during presentations by guest speakers
- There is **zero tolerance** for drug and alcohol use
- **Zero tolerance** for swearing – this is a professional environment
- No destruction or damage of Society property
- No disrespecting staff, guest speakers, other businesses in our building, or each other
- Maintain and respect the confidentiality of what is shared in the workshops
- No improper use of the Internet

### Attendance

- **Be punctual** – be on time every day, after breaks and after lunch

If you will be absent or late for a workshop please call immediately and leave a message or speak to your **workshop facilitator – Aaron Davis at 1-604-765-5843** or Email: [ADavis@missioncsc.org](mailto:ADavis@missioncsc.org)

Excessive absence from workshops or work experience may be cause for dismissal from the EYE Program.

### Participants are expected to...

- **Participate** – *show up, speak up*, ask questions for clarification and complete exercises
- **Respect** each other's opinions and statements and the assistance of any and all guests and staff
- **Maintain** and respect the confidentiality of what is shared in the workshops
- **Zero tolerance of** offensive language and threatening behavior

### In Case of Emergency



1. Note where the exits are located in the building. Depending on the location of the emergency, your Facilitator will tell you which exit to use.
2. Your Facilitator will ensure that the computer lab and washroom are empty and that everyone has left the building.
3. Quickly and safely make your way to the "Main Parking Lot" at the back of the Mission Community Skills Centre building accessed via James Street.
4. Wait for your Facilitator to do 'roll-call' using the attendance form.
5. Wait for your Facilitator to give you the all-clear before leaving or returning to the centre.

## Emergency Contact Information – For Administrative Use Only

Do you have any allergies, if so what are you allergic to:

Does this allergy require the use of an epi-pen? YES ☐ NO ☐

Do you carry an epi-pen on you and if so, where is it located in case of emergency?

*You can find my epi-pen:* \_\_\_\_\_

1.) Name: \_\_\_\_\_ and relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_

2.) Name: \_\_\_\_\_ and relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_

### DECLARATION

I certify that I:

Am ready and willing to participate in the workshops and work experience components of this EYE Program  
Understand that, although EYE will assist me, I am chiefly responsible for securing employment or returning to school at completion of this program  
Understand that EYE staff will contact me for follow up  
Understand that there is zero tolerance for drug and alcohol use during the EYE Program

I understand that this program is funded by the Government of Canada through the through the Youth Employment Strategies and the Mission Community Skills Centre Society must report on its activities. I hereby consent that the staff of the Society can share information about my participation in the program.

**I have read, understood and agree to all of the EYE Program guidelines.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Program: \_\_\_\_\_ To: \_\_\_\_\_