

# Leisure Buddy Program

## Request Form



The Leisure Buddy Program offers 1:1 volunteer support for children/ youth in registered activities. Our Leisure Buddies support participants in activities to reduce barriers with the goal of an inclusive recreation environment.

The support of a Leisure Buddy is dependent on program capacity and volunteer availability. Our Leisure Buddies are volunteers who are able to assist with focusing, redirection, positive reinforcement and encouraging engagement. They are not trained Behavioural Interventionists or Community Support Workers .

**\*Staff requires a minimum of 2 weeks' notice to find a Leisure Buddy.**

**\*We are unable to provide personal care such as assistance with toileting, administering medication and changing.**

### 1. APPLICANT INFORMATION

Participant Name: \_\_\_\_\_  New participant  Returning

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  \_\_\_\_\_  
(dd/mm/yyyy)

Has an Education Assistant  No Education Assistant  Has a Behavioural Interventionist

Disability/ Diagnosis: \_\_\_\_\_

### 2. PARENT/CAREGIVER/GUARDIAN INFORMATION

Name of parent/caregiver/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Primary phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Contact: \_\_\_\_\_

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

### 3. RECREATION PROGRAM(S) REGISTERED

<b>Program Name</b> <i>(i.e. Swim Kids 1)</i>	<b>Activity #</b> <i>(i.e. 21881)</i>	<b>Dates of Programs</b> <i>(i.e. March 18 - March 22)</i>	<b>Time of Program</b> <i>(i.e. 9am - 4pm)</i>	<b>Location of Program</b> <i>(i.e. Hyde Creek)</i>

**Please Note:** Complete section 4 & 5 if you're a **NEW** participant or if it's been **more than 6 months** since your last Leisure Buddy request. Returning Leisure Buddy request will need to complete sections 1, 2, 3 & 6.

Please take the time to thoroughly complete this form. Providing us with as much information as possible assists us in delivering a positive experience for all participants and staff.

Please remember what may be routine for your family may be out of the ordinary for our program leaders.

#### 4. BEHAVIOUR AND COMMUNICATION

What are the participant's strength, interests and preferred activities? \_\_\_\_\_

What does the participant dislike? *Are there areas the participant may require more support?* \_\_\_\_\_

What works well to motivate the participant? \_\_\_\_\_

#### Behaviours

Easily discouraged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interacts well with peers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Easily distracted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interacts well with adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperactive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wanders from group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shouts/ Screams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stops/Responds to hearing their name	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What are some triggers for these behaviours? What successful strategies are used at home/school to redirect the behaviours? \_\_\_\_\_

#### Which is the most effective for the participant's learning

Demonstrations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Written/ Drawn instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical assistance (hand over hand)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verbal cues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____			Equipment/ Adaption	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list: \_\_\_\_\_

#### 5. MEDICAL INFORMATION

List and describe any allergies the participant may experience (hay fever, bee stings):

Allergies:	Reaction:

#### 6. I hereby certify that the above information on this application is true and correct to the best of my knowledge.

Signature:

Date:

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA), and will be used to assess your application. If you have any questions or concerns about how your information will be used, contact the City's Records and FOIPPA Administrator at 604.927.5250 or [corporateoffice@portcoquitlam.ca](mailto:corporateoffice@portcoquitlam.ca)

Please submit completed application by email: [accessinclusion@portcoquitlam.ca](mailto:accessinclusion@portcoquitlam.ca)

Or in person to: Port Coquitlam Community Centre - 2150 Wilson Ave, Port Coquitlam, BC V3C 6J5  
The Outlet - 1100 – 2253 McAllister Ave, Port Coquitlam, BC V3C 2A5  
Hyde Creek Recreation Centre - 1379 Laurier Ave, Port Coquitlam, BC V3B 2B9