

DOCUMENTATION

CRCCS OPERATES A STRICT CONFIDENTIALITY POLICY. ANY INFORMATION PROVIDED IS HELD IN CONFIDENCE AND WILL NOT BE PROVIDED TO ANYONE FOR ANY REASON.

TO MEET THE REQUIREMENTS WITH OUR BC GOVERNMENT CHARITY STATUS A COPY OF THE DEATH CERTIFICATE IS REQUIRED FOR FILING PURPOSES. PLEASE INCLUDE WITH YOUR APPLICATION.

COPY OF THE DEATH CERTIFICATE INCLUDED (PLS CHECK BOX)

BEREAVED BY:

| | |
|-----------------------------------|--|
| NAME OF THE DECEASED | |
| YOUR RELATIONSHIP TO THE DECEASED | |
| DATE OF BIRTH (M/D/Y) | |
| DATE OF DEATH (M/D/Y) | |

HOW DID YOU HEAR ABOUT CRCCS? (CHECK ALL THAT APPLY)

| | | | | | |
|--------------------------|--------------|--------------------------|--------------------|--------------------------|--------------|
| <input type="checkbox"/> | FRIEND | <input type="checkbox"/> | SCHOOL | <input type="checkbox"/> | WEBSITE |
| <input type="checkbox"/> | FAMILY | <input type="checkbox"/> | SOCIAL MEDIA | <input type="checkbox"/> | ONLINE |
| <input type="checkbox"/> | PROFESSIONAL | <input type="checkbox"/> | COUNSELLING OFFICE | <input type="checkbox"/> | OTHER: _____ |

AGREEMENT & SIGNATURE

BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE FACTS AND INFORMATION IN IT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM ACCEPTED FOR SPONSORSHIP, ANY FALSE STATEMENTS, OMISSIONS, OR OTHER MISREPRESENTATIONS MADE BY ME ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE TERMINATION.

| | |
|----------------|--|
| NAME (PRINTED) | |
| SIGNATURE | |
| DATE | |

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION OR SUPPORT, PLEASE CONTACT INFO@CRCCS.CA

PLEASE SUBMIT COMPLETED APPLICATIONS TO: INFO@CRCCS.CA