

Once form is completed, please save the file and email to carefamilies@bgcsvi.org.

Contact Information

Date:

Name:

Address:

Last Name:

Address Line 2:

Phone:

City:

Email:

Postal Code:

Method of Contact:

Preferred Method:

Phone

Email

Either

Family Status:

Single

Married/Partnership

Age Range:

18-29

30-39

40-49

50+

What motivated you to inquire about BGCSVI Care Families? Please select all that apply.

Family/Friends

BGCSVI website

Google/internet

Poster/AD

Facebook

Instagram

Twitter

Other

Are you Indigenous, First Nations, Metis, or Inuit?

Yes

No

Is anyone in your home Indigenous, First Nations, Metis, or Inuit

Yes

No

How do you identify?

women/girl

man/boy

transgender

genderfluid

agender

non-binary

Other

Prefer not to answer