



Please save this form, complete it and email your completed form to:

carefamilies@bgcvi.org

CONTACT INFO

Date:

Name:

Surname:

Phone:

Email:

Address:

City: Postal Code:

Preferred Method of Contact: 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? *(Check 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? *(Check any that apply)*

- woman/girl man/boy transgender genderfluid
 agender non-binary other prefer not to answer