



# Loving Package Consent Form

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**Postal Codes (first 3 digits):**

**M3J, M3K, M3L, M3M, M3N, M6L, M9L, M9M, M9N**



## APPLICANT INFORMATION

Name (First & Last)	Phone#
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## COLLECTING DETAILS

### PHOTO CONSENT FORM

Full Name \_\_\_\_\_

I hereby grant permission to WeTogether and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice. I further grant to SEA MISSION INC. and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining WeTogether and its activities and for administrative or promotional purposes. Photographs, video images and voice recordings are the property WeTogether.

If 18 years or older,

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

If under 18 years old,

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## TERMS AND CONDITIONS

Your application will be treated as private and confidential. The contents of this application will only be reviewed by members of the Adullam Program Advisory Council and our staff who are involved in the application process. The information contained on the application form may be stored electronically or in another medium. We will not disclose information to a third party. You have the right to request a correction of any information we are holding about you. Requests can be made to the WeTogether Managing Director, Pastor Paul.

In consideration of my acceptance for the Loving Package program, I \_\_\_\_\_, agree as follows:

1. I have reviewed the Loving Package General Information section, which is available with this registration form.
2. I am responsible for ensuring the information provided in my application and accompanying documents is true, accurate and complete. If information is inaccurate or incomplete, my candidacy may be cancelled.
3. I am responsible for ensuring my application and associated documents are received by WeTogether's office by the given deadlines.
4. By submitting this application, I authorize the Loving Hands Advisory Council and staff to collect, verify, use, and store the information you provide in this Application, and in all associated information and documents which you submit.
5. All material and documents submitted with your application become the possession of SEA MISSION INC and will not be returned. By signing and dating below, you agree that you are being registered and to be bound by this legal agreement even if you have not read the agreement.

Signature \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_

## STAFF USE ONLY

**I have read the applicant's "Notice of Assessment and Reassessment" and have verified that the applicant's annual income is accurate**

Yes  No  Excused (This approval is only granted by the Executive Director)

**I have viewed the applicant's ID and verify his or her name and address**

Yes  No

Note \_\_\_\_\_

Staff Approval: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_