Richmond Youth Media Program Referral Form

7660 Minoru Gate, Richmond, BC V6Y 1Z2
604-247-8303 | medialab@richmond.ca | richmondmedialab.ca

Legal Name: **Preferred Name:**	**Gender Identity:** ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐ Other: _____
Date of Birth:	**Phone Number:**
Email:	**Address:**
Parent/Guardian Name: **Contact Number and/or Email:**	**Emergency Contact Name** (Relationship to youth)**:** **Emergency Contact Number:**

School:

Extracurricular Activities (Hobbies, School Clubs, Sport Teams, General Interests, etc...)**:**

Media Arts Interests:

- ☐ Broadcasting/Journalism/Podcast/Live Streaming
- ☐ Sound Engineering/Mixing
- ☐ Music Production/DJ
- ☐ Video Production
- ☐ Digital Art:Illustration/Graphic Design
- ☐ Game Development
- ☐ Photography
- ☐ Web Design/UX|UI
- ☐ Animation:2D/3D/Motion Graphics
- ☐ 3D Design
- ☐ Mixed Media Arts
- ☐ Interactive Media Arts: AR/VR/AI Engineering
- ☐ Other _____

Relevant Background History (Mental Health/Developmental Diagnosis, Lived Experiences, Support/Access Needs, Housing Situation, Identities)**:**

Is the youth accessing any other agencies? (Foundry, Touchstone, STRETCH, etc...)

Medical Information (Allergies, Medication, Medical Background, Dietary Restrictions)**:**

Referee name and contact number:	**Referral date:**