



Victoria Stroke Recovery Association
2964 Richmond Rd. Victoria BC V8R 4V1 Ph (250) 383 2623
www.victoriastrokerecovery.org

MEMBERSHIP OF THE VSRA

The Victoria Stroke Recovery Association (VSRA) provides weekly communication and adaptive physical exercise programs for stroke survivors and a support group for care partners. The weekly program also has a social component which includes music enrichment, educational, creative and social activities. In addition, we incorporate into the program monthly Stroke Survivor and Care Partner Support Groups led by a Counsellor.

The VSRA Program is designed for Stroke Survivors and their Care Partners and we would like to respectfully highlight that participants should be

- independently mobile (with or without mobility aid)
- able to eat independently
- able to attend to personal hygiene and toileting
- able to function safely on a cognitive level (eg, follow directions and to safely arrive, attend and leave all VSRA sessions)

Members wishing to participate in the program who are not able to independently do these activities are very welcome to attend but must be accompanied by a care partner who can provide the needed assistance.

The annual membership fee is \$75. Membership fees cover less than 5% of the operating costs of our program. The VSRA is supported by grants, fundraising, donations and legacy gifts. Donations are greatly appreciated and are tax deductible.

Privacy

The Victoria Stroke Recovery Association protects the privacy of individual members. The personal information obtained in this application form may be used only in the administration of programs offered by VSRA.

VSRA MEMBERSHIP APPLICATION FORM

Date _____

How did you hear about us? _____

Membership Designation:

☐ Stroke Survivor \$75 ☐ Care Partner \$75 ☐ Support Worker* \$0 - 75

*While we encourage everyone to support the VSRA through membership fees, we recognize that support workers are not participating for their own benefit, and as such, we do not require a fee.

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE(HOME) _____ PHONE (CELL) _____

EMAIL _____

Date of Birth: Year _____ Month _____ Day _____

Year of Stroke _____

EMERGENCY CONTACTS (at least one)

Name _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____

Name _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____

MEMBER WAIVER, CONSENTS AND CODE OF CONDUCT

These are valid for the duration of your membership with the VSRA.

Please read this form carefully.

MEMBER WAIVER OF LIABILITY

The Victoria Stroke Recovery Association (VSRA) offers a program to support your health, communication, and social connection.

We work to keep everyone safe. However, there may be some risks when taking part in the program.

I acknowledge the following:

- Participation in the program is voluntary
- I can withdraw from the program at any time

The Victoria Stroke Recovery Association (VSRA) is not responsible for any injury, illness, disability, death or property damage that happens when:

- I participate in the program
- I am on the program site
- I am in transit to and from the program

I or my heirs or executors will not sue or claim compensation from the Victoria Stroke Recovery Association (VSRA) for any injury, illness, disability, death or property damage that happens when:

- I participate in the program
- I am on the program site
- I am in transit to and from the program

I agree with the above statements

Member Name (print): _____

Signature (Member or Representative): _____

Name of Representative (if needed): _____

Relationship: _____

Date: _____ day of _____, 20

DIRECTORY CONSENT

VSRA creates a yearly member directory so members can stay in touch outside of group time.

I consent to the VSRA Member Directory to contain my name, photo, suburb, phone number(s), and email

☐ Yes ☒ I consent

☐ No ☒ I do not consent

Initial _____

CONSENT TO SHARE STORIES, PHOTOS AND VIDEOS***

I give permission for the Victoria Stroke Recovery Association (VSRA) to use my name, photo, video, or work for educational and promotional purposes.

This may include:

- Newsletters, brochures, or resource guides
- Presentations at workshops or conferences
- VSRA website and social media (e.g. Facebook)
- Fundraising or training materials

I understand that these materials will be used positively to promote stroke recovery support, and that I can withdraw or change my consent at any time.

☐ Yes ☒ I consent

☐ No ☒ I do not consent

Initial _____

VICTORIA STROKE RECOVERY ASSOCIATION (VSRA) - CODE OF CONDUCT

As a member of the Victoria Stroke Recovery Association, I will:

1. Abide by the values of the Victoria Stroke Recovery Association, which are respect, inclusion, and support.
2. Bring honour and dignity to Victoria Stroke Recovery Association and uphold the reputation and integrity of the organization.
3. Demonstrate respect for all members through words, actions and behaviour.
4. Be vigilant in ensuring an environment that is safe and protects members from the threat of emotional, physical, verbal or sexual abuse.
5. Uphold and protect the personal and professional reputation of other members.
6. Respect other members' rights to privacy and the confidentiality of members' personal information.
7. Act with honesty and integrity when dealing with property, monies and any other assets belonging to the Victoria Stroke Recovery Association.
8. Pursue at all times the aims of the Association.
9. Not speak on behalf of the organization, unless it is either expressly indicated in a job description, upon invitation, or with authorization from the Board.
10. Respect and uphold the anti-discrimination laws of Canada and British Columbia. The Victoria Stroke Recovery Association will not tolerate discrimination against a member or non-member of the Association based on race, national or ethnic origin, citizenship, colour, religion, sex, age, mental or physical ability, political beliefs, socio-economic status, health related status, sexual orientation, or marital status.
11. Respect and abide by the laws of British Columbia and Canada.

I will uphold this code of conduct. I will fulfill my role and responsibility in service to the Victoria Stroke Recovery Association, and only act within the limitations of my personal authority in the discharge of my duties.

Initial _____

ADDENDUM

ALLERGIES

Do you have any allergies (food, medication, environmental)?

☐ Yes ☒

☐ No ☒

If yes, Please list

Do you carry an EpiPen?

☐ Yes ☒

☐ No ☒

DIET

Do you follow a special diet?

☐ Yes ☒

☐ No ☒

Please check which applies ☒

Diabetic	Gluten-free	Dairy-free	Thickened Fluids
Vegetarian	Vegan	Other	