

**THE CHARTWELL FOUNDATION
WISH INFORMATION & APPLICATION FORM**

Where did you hear about The Chartwell Foundation?

Before completing this application, please review the requirements outlined below to ensure you are eligible. Please be advised Applicants and Wishes that do not meet ALL of our requirements will not be considered. The Chartwell Foundation does not plan surprises. If you are a nominator, please consult with the nominee to ensure you have their permission and all relevant information to complete an application. Incomplete applications will not be considered.

ELIGIBILITY REQUIREMENTS

Applicants must be:

- 65 years of age or older, and
- A citizen or legal resident of Canada, and
- Unable to fulfill the wish on their own, and
- Physically able to experience the wish, and
- Able to provide written approval to participate from a doctor

WISH ELIGIBILITY & RESTRICTIONS

The Chartwell Foundation grants wishes in these general categories:

- Commemorating public or military service
- Reconnecting with loved ones
- Celebrating a passion
- Fulfilling a lifelong dream

Please note: Unless extraordinary circumstances, travel and expenses would be limited to a reasonable per diem. Should the wish be granted, the expectation is that the Wish Recipient will participate in the experience to the best of their ability.

What types of wishes will NOT be considered?

- The Chartwell Foundation does not send seniors on vacations. Any travel provided must be directly necessary for the wish to be fulfilled.
- Financial assistance
- Housing assistance
- Home furnishings
- Gifts of products, including technological devices
- Medical care or services
- Legal services

- Vehicles
- Illegal, potentially harmful and/or dangerous wishes, as determined in The Chartwell Foundation's sole discretion
- Wishes on behalf of others who do not meet the eligibility requirements
- Wishes that are ongoing or take place beyond the lifetime of the beneficiary
- Applicants who have already had a Wish granted by The Chartwell Foundation will not be considered
- Wishes such as Skydiving and Bungee jumping deemed as high risk or uninsurable by the committee will not be granted
- Any other wishes deemed objectionable, inappropriate, or unfulfillable in The Chartwell Foundation's sole discretion

For your application to be considered you must complete and submit all portions of the application, which includes the following:

- The Chartwell Foundation Wish Application Form
- Publicity Release & Waiver Form (Participant and Nominator, if applicable)
- Application Certification Form

Please be advised that if your application is selected to participate in The Chartwell Foundation Wish, you may be required to complete the following documents :

- Chartwell Foundation Liability Release and Authorization Form
- Medical Verification Form

Disclaimer: The Chartwell Foundation considers every application submitted, but is unable to grant every wish. The decision to grant a wish is at the sole discretion of The Chartwell Foundation and a wish may be denied for any reason.

Upon approval of a wish, The Chartwell Foundation is responsible for organizing and managing all elements of the wish, including ticket bookings, accommodation, transportation, and other necessary arrangements.

THE CHARTWELL FOUNDATION WISH APPLICATION FORM

Please read through the entire document and answer ALL questions before submitting.

You will also have the opportunity to include video and photos with your application, if desired.

Section A. Contact Information

1. Senior wish recipient:

First Name: _____ Last Name: _____

Telephone Number (please indicate: Mobile / Landline): _____

Email: _____

Address (include name of Retirement Residence or Long Term Care residence, if applicable):

City: _____ Province: _____ Postal Code: _____

Birth Date (Day / Month / Year): _____

Is the senior a citizen or legal resident of Canada? Yes No

2. Nominator (complete this section if you are submitting this wish on behalf of someone else)

Nominator First/Last Name: _____

Telephone Number (please indicate: Mobile / Landline): _____

Email: _____

Address (Include name of Retirement Residence or Long Term Care residence, if applicable):

City: _____ Province: _____ Postal Code: _____

Relationship to Nominee: _____

Section B. What Is Your Wish?

Please include as much detail as possible in your answers so we can best assess your application.

1. Describe your wish.

2. How is this wish meaningful to you? What prompted you to apply now? Have you done this before? If your wish is to reconnect with a loved one, please explain your relationship and how long it's been since you've seen them. (60 words minimum)

3. Are you able to fulfill this wish on your own? If not, please explain why. (20 words, minimum)

4. How do you believe having this wish granted will enhance your life and physical and emotional well-being? (20 words, minimum)

5. How will this wish enhance your feeling of purpose and sense of connection? (20 words, minimum)

6. How do you believe this wish can inspire others and change the way society views aging? (20 words, minimum)

Section C: Personal History

We want to get to know you! Please take the time to tell us about yourself in as much detail as possible so we can best assess your application.

Nominators: Please remember that all questions refer to the senior you are nominating.

1. Tell us about yourself and your life. You may want to include past occupations, your family, your interests and passions.

2. Describe your current life. What is your living situation? How do you spend your time? What are your current interests and passions? (20 words, minimum)

3. Has your life included community involvement, such as volunteering, mentoring, helping others or supporting charitable organizations? Please be specific.

4. Has your life included military service? If yes, please provide details of your service, including the branch and dates of service, your rank and duties. Include any significant events you were a part of as well as any medals or honours received.

5. ***The Chartwell Foundation makes every effort to accommodate cognitive and physical limitations when planning wishes.***

Are there any physical or cognitive limitations that may influence the ability to participate in the wish? If yes, please describe and tell us what support is needed to enable the senior to fulfill their wish.

The Chartwell Foundation Wish Participant Publicity Release and Waiver Form

1. I authorize The Chartwell Foundation and Chartwell Retirement Residences and its subsidiaries, affiliates and partners, together with their respective agents, officers, trustees and employees (collectively referred to as "Chartwell"), to take and produce items such as, but not limited to, still photographs, moving pictures, and/or sound recordings of me (collectively the "Recordings").
2. I irrevocably authorize Chartwell, as well as third-party sponsors as specifically authorized by Chartwell, to use, distribute, publish, digitize, exhibit, broadcast and reproduce such Recordings in any manner or media whatsoever, without payment or any other consideration, with or without my name, anywhere in the world in perpetuity, for any lawful purpose, including but not limited to the following: news media, publicity, marketing, social media, newspaper, television, radio, magazine/newsletter, residence publications, website, advertising and fundraising.
3. By signing this form, I authorize The Chartwell Foundation and Chartwell, as well as third-party sponsors as specifically authorized by Chartwell, to use any personal information that they have gathered in this application, in conversations or correspondence with me or my family members so long as such information is not private, sensitive, embarrassing, or negative in nature. I understand it is my responsibility to inform Chartwell, in writing, if there is any information that I have shared that I wish to keep confidential.
4. I understand that by signing this form, I agree to assign all rights to any Recordings to The Chartwell Foundation and Chartwell. I also waive the right to inspect or approve the finished product where the Recordings appear and waive any right to royalties or other compensation arising from or related to the use of the Recordings.
5. I hereby release, waive and forever discharge The Chartwell Foundation and Chartwell from any and all claims, demands, and causes of action which I may have by reason of the Recordings or this Photo Authorization and Release. It is my express intent that this Photo Authorization and Release shall bind the members of my family, my heirs, executors, administrators, and assigns.
6. This Authorization and Release contains the entire agreement of the parties with respect to the subject matter of this Authorization and Release, and supersedes all prior negotiations, agreements, and understandings with respect thereto. This Authorization and Release may only be amended by written agreement signed by both parties.

I have read and understand this form and had the opportunity to ask questions before signing it. I warrant that I am competent to contract in my own name,

SIGNED this _____ day of _____, 20 ____.

Participant Name: _____ Witness Name: _____

Participant Signature: _____ Witness Signature: _____

The Chartwell Foundation Wish Nominator Publicity Release and Waiver Form

1. I authorize The Chartwell Foundation and Chartwell Retirement Residences and its subsidiaries, affiliates and partners, together with their respective agents, officers, trustees and employees (collectively referred to as "Chartwell"), to take and produce items such as, but not limited to, still photographs, moving pictures, and/or sound recordings of me (collectively the "Recordings").
2. I irrevocably authorize Chartwell, as well as third-party sponsors as specifically authorized by Chartwell, to use, distribute, publish, digitize, exhibit, broadcast and reproduce such Recordings in any manner or media whatsoever, without payment or any other consideration, with or without my name, anywhere in the world in perpetuity, for any lawful purpose, including but not limited to the following: news media, publicity, marketing, social media, newspaper, television, radio, magazine/newsletter, residence publications, website, advertising and fundraising.
3. By signing this form, I authorize The Chartwell Foundation and Chartwell, as well as third-party sponsors as specifically authorized by Chartwell, to use any personal information that they have gathered in this application, in conversations or correspondence with me or my family members so long as such information is not private, sensitive, embarrassing, or negative in nature. I understand it is my responsibility to inform Chartwell, in writing, if there is any information that I have shared that I wish to keep confidential.
4. I understand that by signing this form, I agree to assign all rights to any Recordings to The Chartwell Foundation and Chartwell. I also waive the right to inspect or approve the finished product where the Recordings appear and waive any right to royalties or other compensation arising from or related to the use of the Recordings.
5. I hereby release, waive and forever discharge The Chartwell Foundation and Chartwell from any and all claims, demands, and causes of action which I may have by reason of the Recordings or this Photo Authorization and Release. It is my express intent that this Photo Authorization and Release shall bind the members of my family, my heirs, executors, administrators, and assigns.
6. This Authorization and Release contains the entire agreement of the parties with respect to the subject matter of this Authorization and Release, and supersedes all prior negotiations, agreements, and understandings with respect thereto. This Authorization and Release may only be amended by written agreement signed by both parties.

I have read and understand this form and had the opportunity to ask questions before signing it. I warrant that I am competent to contract in my own name,

SIGNED this _____ day of _____, 20 ____.

Participant Name: _____ Witness Name: _____

Participant Signature: _____ Witness Signature: _____

The Chartwell Foundation Wish Application Certification Form

By signing below, I acknowledge that acceptance of this application by The Chartwell Foundation (TCF) does not constitute a commitment by TCF to fulfill my wish request. If TCF determines that this wish should enter the next stage of the wish process, a TCF representative will contact me for more information. I understand that this contact also does not constitute a commitment to grant my wish. Furthermore, I certify that I meet all qualifications for eligibility, and declare that all of the information given by me in this application is true to the best of my knowledge, and I agree to inform TCF in a timely manner should any information provided in this application change. Should the wish be granted, I understand that I am fully committed to participate in the experience to the best of my ability.

Applicant Signature: _____

Printed Name: _____

Date: _____

Thank you for taking the time to submit your wish. The Chartwell Foundation will review your application and get back to you with either a decision regarding your wish or a request for more information.

*Please attach any **photos and video** you would like to include with your application by clicking **HERE**.*

*Submit your application by clicking **HERE** or by sending it to us*

- By Email: info@thechartwellfoundation.ca
- By Mail: The Chartwell Foundation, 7070 Derrycreech Drive, Mississauga, ON L5W 0G5