

YMCA Youth Exchanges Canada Program



**Group Name:**  

**Group Number** 

**Hosting Dates:**

From: Click here to enter a date. To: Click here to enter a date.

**Travel Dates:**

From: Click here to enter a date. To: Click here to enter a date.

**EXCHANGE PLAN**

Instruction for this document

The following pages contain detailed information about your group’s exchange plan. Some of this information will be used when you are hosting and some is important for both travelling and hosting. It is suggested that you have a copy of this plan with you when you travel as well as host.

Throughout the document you will see this icon  at the top of the page. This will link you back to the YMCA Group Leader Website. (www.yecgl.net)

As this plan is due well in advance of hosting there may be parts of the actual host plan that are not yet confirmed. It is possible to submit this plan with a draft of the hosting week (pages 11-17), however the remainder of the plan must be completed and submitted to your Regional Coordinator by your Regional deadline.

As you move through the plan you can hold your cursor over a section and there will be more instructions.

All boxes are expandable so please provide us all the information that you need feel is necessary.

# Save/Draft

Please save this document using the following format: *Your group name* Exchange Plan 2019-20 i.e. ***Main St Public School*** Exchange Plan 2019-20

# Final

To submit to your Regional Coordinator please select the appropriate email address. This will open a new email that is addressed to your Regional Coordinator. If you want to add other addressees (Other Leader’s in your group or your Twin Leader for example) please do so before you send. Then you will attach the exchange plan to the email.

British Columbia – Huda Sajjad ([huda.sajjad@gv.ymca.ca](mailto:huda.sajjad@gv.ymca.ca))

The Prairies and the Territories- Karen Romero ([karen.romero@northernalberta.ymca.ca)](file:///C:/Users/C059ReinholdJ/OneDrive%20-%20YMCA%20of%20Greater%20Toronto/2018%20may%20forms%20and%20templates/karen.romero@northernalberta.ymca.ca))

Ontario- Joanne Reinhold ([joanne.reinhold@ymcagta.org](mailto:joanne.reinhold@ymcagta.org))

Quebec and Atlantic – Chris Craig ([chris.craig@ymcaquebec.org](mailto:chris.craig@ymcaquebec.org))

YMCA Youth Exchanges Canada Exchange Plan Exchange Plan Version Date Click here to enter a date.

|  |  |  |
| --- | --- | --- |
| Group Name: Group Number: | |  |
| **TWIN CONTACT INFORMATION-**Please provide contact details for your Twin  Name of Main Group Leader:  Name of the Group:  Address:  Email address:  Phone:  Cell Number: | **YMCA YOUTH EXCHANGES CANADA CONTACT INFORMATION**  **Your Regional Coordinator is:**  Choose a Regional Coordinator  **Your Twin’s Regional Coordinator is:**  Choose your twin's Regional Coordinator | |
| **ITINERARY**  Date of most recent Itinerary: Click here to enter a date.  Shared with my twin | |
| **YMCA YOUTH EXCHANGES CANADA NATIONAL OFFICE CONTACT INFORMATION**  Regular calls or during business hours in Toronto  **1-877-639-9987** | | |
| **UNIGLOBE TRAVEL AGENT CONTACT**  During Business hours in Ottawa (M-F) **1-877-771-7157**  Celine Boudreau-Owens - [Celine@uniglobepremiere.com](mailto:Celine@uniglobepremiere.com)  Charles MacLean - [Charles@UniglobePremiere.com](mailto:Charles@UniglobePremiere.com)  Rescue Line: **1-800-206-1595**  SOS Code: **YOWC421PT** | | |
| **FOR EMERGENCY SITUATIONS**  YMCA **1-647-339-5926**  UNIGLOBE After hours **1-800-206-1595**  Other relevant local emergency contact information:  Police:  Ambulance:  Fire:Hospital:  Main Contact Number while travelling: | | |

**PRE- EXCHANGE ACTIVITIES** [](https://www.yecgl.net/pre--exchange)

|  |  |
| --- | --- |
| **Date Range** | **Activity( Please check all that apply to your group)** |
| Click here to enter date  To  Click here to enter date | Review Organizational/Board policies related to travel (adult-participant ratios, home stays etc.)  Secure appropriate number of adult male and female chaperones  Form exchange group and begin process of team building  Secure Insurance Certificate with the YMCA of GTA added as an additional insurer  Research home and twin communities  Ensure any proposed planned activities are in compliance with both my own and my twin’s Board/District/Organizational policies and procedures  Connect youth participants  Hold Parent/ Guardian information meeting  Our group will also: Click here to enter text. |
| Click here to enter a date.  To  Click here to enter a date. | Contact local media to inform them in advance of the exchange  Contact your MP and other local officials to inform them in advance of the exchange  Our group will also: Click here to enter text. |
| Click here to enter a date.  To  Click here to enter a date. | Our group will also: Click here to enter text. |

**PROGRAM OBJECTIVES** [](https://www.yecgl.net/-youth-exchanges-program-objectives)

Please provide us with information on how your group is going to meet the following objectives

|  |
| --- |
| **By participating in this exchange…** |
| Participants will enhance their knowledge and understanding of Canada: |
|  |
| Participants will be connected and create linkages with one another: |
|  |
| Participants will enhance their appreciation of the diversity and shared aspects of the Canadian experience: |
|  |
| Participants will share, express and appreciate their Canadian identity through their exchange experience: |
|  |
| Participants increase their self-confidence |
|  |
| Participants enhance their leadership capacities |
|  |
| Participants gain greater cross-cultural competencies |
|  |

**YOUR GROUP’S KEY LEARNING OBJECTIVES** (**KLO**) [](https://www.yecgl.net/key-learning-objectives)

|  |
| --- |
| Please list the specific goals that your group has for this exchange |
| KLO 1 |
|  |
| KLO 2 |
|  |
| KLO 3 |
|  |

**GROUP THEMES:**

Please check off all that apply to your exchange

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cultural Enrichment |  | Official Languages |  | History |  | Technology |  | Sciences |  | Geography |  | Music |  |
| Environmental Studies |  | Junior Achievement |  | Sports |  | Dance |  | Drama |  | Leadership |  |  | |
| Other | Click here to enter text. | | | | | | | | | | | | |

**SOCIAL MEDIA [](https://www.facebook.com/YMCAExchanges/) [](https://twitter.com/ymcaexchanges)[](https://www.instagram.com/ymcaexchanges/)[](https://ymcaexchanges.com/) [](https://www.youtube.com/channel/UCBnFJJJS4QvpSEmayeYdC7w)**

Please tell us your Social Media plans. Please include links to the sites that you are using.

|  |
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**COMMUNITY CONNECTIONS**

**These are people in your community that your group has connected with to help, or spread the word about the program.( i.e. Chief, Mayor, MP, )**

Please complete the table below

|  |  |  |
| --- | --- | --- |
| Name/Title of the VIP | Type of Contact | Outcome ( if possible) |
|  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |

**COMMUNITY SERVICE PROJECT**

Please provide us with as much information as possible on your community project. Please remember that it must total **8 hrs**.

This could mean that you are doing more than one activity.

|  |  |
| --- | --- |
| **Project Description:** |  |
| **Objective:** |  |
| **Date(s):** |  |
| **Alternate Project:** |  |
| **Notes** |  |

**FINANCIAL REPORT**  DRAFT  FINAL

You and your group will have to decide how much you'll need to spend- and raise- for the exchange. Please record all your revenue and expenses on this page.

Extra lines have been included so that you can add your own activities.

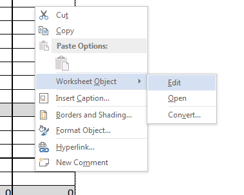
Ensure that there is balance between revenue and expenses so as not to put too much hardship on the group members or community.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Revenue** | ***$$$*** | **Expenses** | **$$$** | **In Kind Donations** | **$$$** |
| Funds Raised By Participants |  | Recreation Activities |  |  |  |
| Community Sponsorship |  | Local Transportation |  |  |  |
| Participant Contributions |  | Pocket Money |  |  |  |
| Corporate Donations |  | Admission Fees |  |  |  |
| Events (list below) |  | Postage, Phone etc. |  |  |  |
|  |  | Prep Material |  |  |  |
|  |  | Supply Teachers |  |  |  |
|  |  | Food |  |  |  |
|  |  | Participant fees ($75) |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Total** | *0.00* | **Total** | *0.00* | **Total** | *0.00* |
| **Note:Please enter “0” in the $$$ column if it doesn’t apply to your group.To update the totals for each, right click on the 0.00 and select Update Field.** | | | | | |

**ESTIMATE OF PARTICIPANT HOURS** DRAFT  FINAL



To complete this right click anywhere on the chart and select Worksheet Object then select Edit



**Time tracking allows you to record the number of hours and value you and your groups are contributing to the exchange. We also report these numbers to the Funder.**

**YOUTH ENGAGEMENT**

How will youth be involved in the planning of the exchange?

How will youth be involved in the execution of the exchange?

How will youth be involved in the wrap up of the exchange?

**HOST PLAN**  **Waivers - Yes**  **No**  **Date:** Click here to enter a date.

Please provide us with a detailed plan for your day.

**Key Learning Objectives**: Based on the above plan for the day please describe in detail why the activity was selected and how it relates to your Key Learning Objectives.

**Alternate Plan for the day**- Please describe your alternate plans for the day if any.

**HOST PLAN**  **Waivers - Yes**  **No**  **Date:** Click here to enter a date.

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**Alternate Plan for the day**- Please describe your alternate plans for the day if any.

**POST EXCHANGE ACTIVITIES**

|  |  |
| --- | --- |
| **Timeline** | **Activity** |
| Click here to enter date range. | Debrief the experience with the group  Youth are provided with opportunities to reflect on their experiences with their school/community group  Share the experience with the community at large  Our group will also:Click here to enter text. |
| Click Here to enter date range. | One week after the last leg of the exchange **Date**: Click here to enter a date.  I will receive from my Regional Coordinator instructions on how to complete and distribute an online survey.  I will:  Send the evaluation link out to other leaders  Send the evaluation link out to the youth along with the letter from the Minister  Send the evaluation link to Parents/Guardians  Submit Post Program Follow Up Report.  Participate in the YMCA phone follow up with Regional Coordinator  Our group will also:Click here to enter text. |
| Click here to enter date range. | Encourage continued communication between participants  Our group will alsoClick here to enter text. |

**EMERGENCY PLANNING**

|  |  |
| --- | --- |
| **COMMUNICATION PLANNING** | |
| What is your groups Communication Protocol? | |
| ***Hosting*** | ***Travelling*** |
|  |  |
| How will parents be able to reach their youth or the Group Leader if required? | |
| ***Hosting*** | ***Travelling*** |
|  |  |

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| **RESPONSIBILITY** |
| Who is responsible for the group at different times of the exchange plan? |
|  |

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| --- |
| **EMERGENCY SITUATIONS** |
| Contact the YMCA Youth Exchanges Canada Program Hosting? Contact your Regional Coordinator Travelling? Contact your twin’s Regional Coordinator |
| Please describe what your group plans to do in an emergency |
|  |

**EMERGENCY PLANNING**

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| --- |
| **RISK MITIGATION** |
| Please review the exchange plan and list the safety concerns that you need to review with the visitors and how you will mitigate this risk during their visit |
|  |

|  |  |
| --- | --- |
| **ILL OR INJURED PARTICIPANT** | |
| Minor Injury or illness | Serious illness or injury |
|  |  |

|  |
| --- |
| **LOST PARTICIPANT** |
| What are your group’s plans to deal with a lost participant? What measures will you take to mitigate this risk? |
|  |

|  |
| --- |
| **GROUND RULES** |
| Please provide a list of ground rules that your group agrees to follow |
|  |
| What is the groups plan to deal with a participant who is not following these ground rules? |
|  |

**Emergency Plan Checklist**

Ensure that you have:

Participant information, including relevant medical information, copies front and back of health card

Emergency Contact numbers

Reviewed my school/associations emergency polices and have noted the steps in case of an emergency.

At least one copy of the accident incident report with you when travelling and hosting

Copy of your Twins Exchange Plan.