

YMCA Youth Exchanges Canada Program



**Group Name:**  

**Group Number** 

**VIRTUAL EXCHANGE PLAN**

 Draft [ ]  Final[ ]

 Version Date Enter Date here.

Instruction for this document

The following pages contain detailed information about your group’s virtual exchange plan. This document is intended to help your group plan your exchange, from beginning to end. The exchange plan is also a tool for your Regional Coordinator to provide you with feedback and support during your exchange. Collecting information in the exchange plan helps us ensure that exchanges are safe and fall within YMCA guidelines and policies.

 The exchange plan helps us understand what groups are doing during their exchange and includes information we need to report on.

There may be parts of the actual host plan that are not yet confirmed. It is possible to submit a draft plan of your hosting activities first and send a final version of your exchange plan later, by the deadline set with your Regional Coordinator.

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 2020-21 i.e. ***Main St Public School*** Exchange Plan 2020-2021

#

**PRE- EXCHANGE ACTIVITIES** 

|  |  |
| --- | --- |
| **Date Range** | **Activity( Please check all that apply to your group)** |
| Click here to enter dateToClick here to enter date | [ ] Review Organizational/Board policies related to online engagement (communicating with youth, platforms, etc) [ ] Secure appropriate number of adult group leaders [ ] Form exchange group and begin process of team building[ ] Secure Insurance Certificate with the YMCA of GTA added as an additional insured [ ] 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 meetingOur group will also: Click here to enter text. |
| Click here to enter a date.ToClick here to enter a date. | **Team Building- please describe what you will do to connect your group and build a team**Our group will also: Click here to enter text. |
| Click here to enter a date.ToClick here to enter a date. | **Planning Virtual Experience-** **Describe how your group will plan activities (ex: how will you meet, communicate, work together?)**Our group will also: Click here to enter text. |
|  | **Platforms being used**[ ] Zoom[ ] Go To Meeting[ ] Teams[ ] Google Meet[ ] SkypeOther Please specify: Click or tap here to enter text. |

Equipment needed for Virtual exchange

|  |  |  |
| --- | --- | --- |
| Type of equipment | Already have access too | Needed |
|  |  |  |
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**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 |
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| Participants enhance their leadership capacities |
|  |
| Participants gain greater cross-cultural competencies |
|  |

**YOUR GROUP’S KEY LEARNING OBJECTIVES** (**KLO**) 

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| 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 |[ ]  Languages |[ ]  Civic and Community Engagement |[ ]  Environment |[ ]  Health and Well being |[ ]  Truth and Reconciliation |[ ]  Recreation |[ ]
| Leadership | Other Click here to enter text. |

**SOCIAL MEDIA   **

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. |

**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** | **$$$** |
| Funds Raised By Participants |  | Recreation Activities |  |  |  |
| Community Sponsorship |  | Local Transportation |  |  |  |
| Participant Contributions  |  | Equipment (iPad, cameras, etc) |  |  |  |
| Corporate Donations |  | Admission Fees- Online subscriptions |  |  |  |
| Events (list below) |  | Postage, Phone etc. |  |  |  |
|  |  | Prep Material |  |  |  |
|  |  | Internet and Data |  |  |  |
|  |  | Food |  |  |  |
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|  |  |  |  |  |  |
| **Total** | *0.00* | **Total** | *0.00* | **Total** | *0.00* |
| **Note:Please enter “0” in the $$$ 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**

**Please describe how you will engage youth in the planning of the exchange), in the execution of the exchange, and in the wrap up of the exchange.**

|  |  |  |
| --- | --- | --- |
| **Planning the Exchange** | **Exchange Activities** | **Exchange Wrap Up and Debrief** |
|  |  |  |

**What is your plan to balance virtual and offline activities?**

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| --- |
|  |

ACTIVITY SCHEDULE

|  |  |  |
| --- | --- | --- |
| **Date-Time( time zone)** | **Activity** | **Platform ( Zoom ,Skype, etc.)** |
|  | Welcome |  |
|  | Getting to Know You |  |
|  | Community Orientation |  |
|  | Community Connections |  |
|  | Community Service Project |  |
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**REQUIRED ACTIVITIES –** Please provide us with a detailed plan for each required activity. Please describe how the activity was selected, how it relates to your Key Learning Objectives, and what your expected outcomes are.Describe how you will measure success for each activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Welcome** | **Getting to Know You** | **Community Orientation** | **Community Connections** |
| **Date:**  | **Date:** | **Date:** | **Date:**  |
| **Activity Description:**  | **Activity Description:**  | **Activity Description:**  | **Activity Description:**  |
| **Link to Key Learning Objectives** | **Link to Key Learning Objectives** | **Link to Key Learning Objectives** | **Link to Key Learning Objectives** |
| **Success: Describe how you will measure success for this activity** | **Success: Describe how you will measure success for this activity** | **Success: Describe how you will measure success for this activity** | **Success: Describe how you will measure success for this activity** |

**REQUIRED ACTIVITY- COMMUNITY SERVICE PROJECT**

Please provide us with as much information as possible on your community project. Please remember that it must total **4 hrs**. for your end of the experience.

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

 Please describe how the activity was selected, how it relates to your Key Learning Objectives, and what your expected outcomes are.

|  |
| --- |
| **Date:** |
| **Activity or Activities:**  |
| **Link to Key Learning Objectives** |
| **Success: Describe how you will measure success for this activity** |

**ADDITIONAL ACTIVITIES:** Provide a name and date for each activity. Please provide us with a detailed plan for each optional activity. Please describe how the activity was selected, how it relates to your Key Learning Objectives, and what your expected outcomes are.Describe how you will measure success for each activity.

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Name:**  | **Name**  |
| **Date:** | **Date:**  | **Date:**  |
| **Activity Description:**  | **Activity Description:**  | **Activity Description** |
| **Link to Key Learning Objectives :** | **Link to Key Learning Objectives:** | **Link to Key Learning Objectives:** |
| **Success: Describe how you will measure success for this activity** | **Success: Describe how you will measure success for this activity** | **Success: Describe how you will measure success for this activity** |

**ADDITIONAL ACTIVITIES:** Provide a name and date for each activity. Please provide us with a detailed plan for each optional activity. Please describe how the activity was selected, how it relates to your Key Learning Objectives, and what your expected outcomes are.Describe how you will measure success for each activity.

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Name:**  | **Name**  |
| **Date:** | **Date:**  | **Date:**  |
| **Activity Description:**  | **Activity Description:**  | **Activity Description** |
| **Link to Key Learning Objectives :** | **Link to Key Learning Objectives:** | **Link to Key Learning Objectives:** |
| **Success: Describe how you will measure success for this activity** | **Success: Describe how you will measure success for this activity** | **Success: Describe how you will measure success for this activity** |

**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 largeOur group will also:Click here to enter text. |
| Click Here to enter date range. | [ ]  One week after the last activity 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 CoordinatorOur group will also:Click here to enter text. |
| Click here to enter date range. | [ ] Encourage continued communication between participantsOur group will alsoClick here to enter text. |

**EMERGENCY PLANNING**

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| --- |
| **COVID PROTOCOL** |
| All groups are required to ensure they follow local and provincial public health as well as related school board or community organization directives. Please provide a brief summary of these and any additional protocols that are applicable to your group. |
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| **COMMUNICATION PLANNING** |
| What is your groups Communication Protocol? How will you be communicating with your group? |
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| How will parents be able to reach their youth or the Group Leader if required? |
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| **RESPONSIBILITY** |
| Who is responsible for the group at different times of the exchange plan? |
|  |

**EMERGENCY PLANNING**

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| **ON LINE RISK MITIGATION** |
| Please describe what the online protocols are for your group and if they are different what protocols you have for when both groups meet online.  |
|  |
| Please provide us with your Online Code of Conduct that has been developed either with the youth or your organization. |
|  |

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| **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? |
|  |