

Survivors by Survivors Healing Retreat Application

Empowerment For Hope Society | For Survivors, By Survivors

Thank you for your interest. This application helps us understand your needs, confirm eligibility, and create a safe, supportive retreat space. Information shared will be kept confidential and used only for retreat planning and participant support.

Section 1: Applicant Information

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

City/Town: _____

Emergency Contact Name & Phone: _____

Section 2: Eligibility

- I am 19 years of age or older.
- I identify as a woman or survivor seeking a women-centered healing space.
- I am a survivor of gender-based violence, intimate partner violence, exploitation, trafficking, or trauma.
- I understand this retreat is a healing and peer-support space, not a replacement for counselling, crisis support, or medical care.
- I am able to participate respectfully in a group setting.

Section 3: Retreat Interest

Why are you interested in attending this retreat?

What do you hope to receive from this experience?

Section 4: Support Needs & Accessibility

- I have mobility/accessibility needs.
- I have dietary restrictions or allergies.
- I may need emotional support during group activities.
- I need help with transportation.

Please explain any support needs:

Section 5: Safety & Confidentiality

- I agree to respect the privacy and confidentiality of other participants.
- I agree not to record, photograph, or share another participant's story without permission.
- I understand that staff may need to act if there is a serious safety concern.

Is there anything we should know to help keep you safe during the retreat?

Section 6: Commitment

- I can attend the full retreat dates and participate in scheduled sessions.
- I understand that space is limited and submitting an application does not guarantee acceptance.
- I agree to notify EFHS if I can no longer attend so the spot can be offered to another survivor.

Section 7: Consent

Applicant Signature: _____

Date: _____

Optional: Would you like someone from Empowerment For Hope Society to contact you before the retreat to discuss your needs?

Yes

No

Submission Information

Please submit this completed application by email or through the Google Form/Google Doc link provided by Empowerment For Hope Society.

Contact: empowermentforhope@gmail.com