



**APPLICATION FORM 2017**

**Organization:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Organization Information	Welcome Centre Information
Mailing address: _____ _____	Mailing address: _____ _____
Postal Code: _____	Postal Code: _____
Phone: Summer: _____ Winter: _____	Phone: Summer: _____ Winter: _____
Fax: _____	Fax: _____
Email address: _____	Email address: _____

**PLEASE COMPLETE ALL SECTIONS OF APPLICATION**

**A) Buildings and Amenities:**

1. Describe the building location. \_\_\_\_\_  
\_\_\_\_\_

2. Describe identifying signage of the Island Welcome Centre. (Building or other)  
\_\_\_\_\_

3. a) Is your Island Welcome Centre housed in a separate building?  Yes  No

b) Is the Island Welcome Centre housed with an existing structure devoted to a related activity?  
 Yes  No

If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

**B) Operational:**

1. Is your Island Welcome Centre operated: Year Round  **OR** Seasonal

2. Please indicate specific dates of operation: From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate: a) Days of operation: \_\_\_\_\_

b) Daily hours of operation: \_\_\_\_\_  
\_\_\_\_\_

3. Is your Welcome Centre operated by a non-profit group, ie. Tourist Association/Community group?  
 Yes  No

**C) Facilities:**

1. Does your Island Welcome Centre offer:
- a) Washroom Facilities?  Yes  No
  - b) Public Telephone Service?  Yes  No
  - c) Public Computer Access?  Yes  No
  - Wireless Internet?  Yes  No
2. Does your Island Welcome Centre offer Barrier-free access to the physically disabled?
- a) Entrance Access  Yes  No
  - b) Wheelchair Counter  Yes  No
  - c) Counselling Area  Yes  No
  - d) Barrier-free Washrooms  Yes  No

**D) Staffing:**

1. a) What is the total number of employees on staff at your Island Welcome Centre?
- During the operating season? \_\_\_\_\_ At a given time? \_\_\_\_\_
- b) Is it the sole responsibility of these employees to work in the Island Welcome Centre?  Yes  No
- If No**, what other responsibilities are involved? \_\_\_\_\_
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2. Indicate number of staff members who will be attending Welcome Centre training.

Name: Dates: Uniform Shirt Size:

Managers: \_\_\_\_\_

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Counsellors: \_\_\_\_\_

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3. Indicate number of bilingual employees on staff: \_\_\_\_\_

**Comments**

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**E) Disclaimer**

I, \_\_\_\_\_ as the designated representative of \_\_\_\_\_ (Island Welcome Centre) understand and agree to comply to the guidelines as set forth in the Island Welcome Centre Program.

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(Signed)

(Date)

**F) Submission of Application**

Please ensure that you have provided all requested information. Add any other details on separate sheets of paper if needed. Be as specific as you can.

Welcome Centre status is valid for one year only. **You must apply each year.**

Application must be forwarded by email to: [dckelly@gov.pe.ca](mailto:dckelly@gov.pe.ca) Fax to: 902-368-4438 Attention: Diana Kelly or mail to:

The Island Welcome Centre Program  
Tourism PEI  
PO Box 2000  
Charlottetown, PE C1A 7N8

(Diana may also be reached by phone at 902-368-4730)