



## APPLICATION FORM 2024

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

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

Organization Information	Welcome Centre Information
Mailing address: _____ _____	Mailing address: _____ _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____
Summer: _____ Winter: _____	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 and highway) \_\_\_\_\_  
\_\_\_\_\_
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 or Community group?  
\_\_\_\_ Yes      \_\_\_\_ No

**C) Facilities:**

1. Does your Island Welcome Centre offer:

a) Washroom Facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Public Telephone Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Public Computer Access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wireless Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your Island Welcome Centre offer barrier-free access to the physically disabled?

a) Entrance Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Wheelchair Counter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Counselling Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Barrier-free Washrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 names of staff members, training required and shirt size.

Name: \_\_\_\_\_ Training required: (Y/N) \_\_\_\_\_ Uniform Shirt Size: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

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(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: [hlpollard@gov.pe.ca](mailto:hlpollard@gov.pe.ca) Fax to: 902-368-4438 Attention: Heather Pollard or mail to:

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

(Heather may also be reached by phone at 902-368-4441)

**Application Deadline: May 31, 2024**