



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? _____ 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? _____

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: _____

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.

(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: 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