



# Youth Programs Registration 2021-22

MA MAWI WI CHI ITATA CENTRE  
*We all work together to help one another.*

## Applicant Registration

Full Name	
Date of Birth	
Street Address	
City & Postal Code	
Home Phone #	
Cell Phone #	
E-mail Address	
Indigenous Origin	<i>Indigenous:</i> ___ <i>Non-Indigenous:</i> ___ <i>Metis:</i> ___ <i>Status:</i> ___ <i>Non-Status</i> ___ <i>Other:</i> _____
What is your highest level of Education attended?	<i>Elementary:</i> ___ <i>Jr. Highschool:</i> ___ <i>Highschool:</i> ___ <i>Completed Highschool:</i> ___ <i>Attended Post-Secondary:</i> ___ <i>Looking to go back to School:</i> ___
Do you have a Driver's License?	<i>Yes:</i> ___ <i>No:</i> ___
Do you have a Social Insurance Number?	<i>Yes:</i> ___ <i>No:</i> ___
Do you have a Birth Certificate?	<i>Yes:</i> ___ <i>No:</i> ___
Do you have a Bank Account?	<i>Yes:</i> ___ <i>No:</i> ___
Vaccination Status	<i>Fully Vaccinated</i> ___ <i>1<sup>st</sup> Dose</i> ___ <i>Need Info/Assistance to get Vaccinated</i> ___

## Emergency Contact Information

Full Name	
Relationship to you	
Address/Postal Code	
Home Phone#	
Work / Cell Phone #	
Email Address	

*Strengthening Children and Families... Investing in Our Future*

## Experience

Have you ever been involved in The Future is Yours Program before? Yes / No

Have you been involved of Ma Mawi Wi Chi Itata Programs before? If so, which ones and when? Yes / No

Do You Currently have any certificates or training programs completed? Which ones? Yes / No

What kinds of Training and Certificates are you interested in?

## Volunteering

Do you currently Volunteer? *Yes / No*

If so, where: \_\_\_\_\_

Are you interested in Volunteering to gain Work and Training Experience? *Yes / No*

## Special Skills & Goals

What special skills and qualifications do you have from employment, training, volunteering, or personal skills?

Name 3 goals for the future:

I, \_\_\_\_\_ am applying for the *Future is Yours Employability Skills Training Program* and understand that this registration does not assure my entrance into the program and all the information I provided is accurate. I understand that any inappropriate behaviour or cultural insensitivity may result in my removal of this program.

2 \_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian signature (if under 18)*

\_\_\_\_\_  
*Date*

### Orientation & General Information

**Future Is Yours General Information**  
**Brittany Murdock (204)-250-5838**  
**[bmurdock@mamawi.com](mailto:bmurdock@mamawi.com)**

**Your registration needs to be submitted before September 30<sup>th</sup> to attend the orientation date below**

**MANDATORY ONLINE ZOOM ORIENTATION ON OCTOBER 2<sup>nd</sup> @ 4:30-6:30pm**

**Meeting ID: 852 2487 0415**

**Password: future**

**First day of the Future Is Yours Program will officially start October 7<sup>th</sup> for selected youth as there is a limited number of spots.**

**All registration forms can be dropped off at 547 Notre Dame at the  
Ma Mawi Wi Chi Itata Centre building  
Or you may email it to [bmurdock@mamawi.com](mailto:bmurdock@mamawi.com) or fax it to 204-925-0341**

## Ma Mawi Wi Chi Itata Centre Photography and Video Release Form

*The Ma Mawi Wi Chi Itata Centre would like to take your photograph and/or video to potentially use for informational and promotional purposes. These images may be provided to the media or used in publications, promotional materials, program proposals, and on the website. Your consent to participate will assist with the overall promotion of the Heart Medicine Community Work that the Organization has been honoured to do with Community, Elders, Parents, Youth and Children, Miigwetch for your participation!*

### Person(s) in photograph and/or video

I agree to allow the Ma Mawi Wi Chi Itata Centre to take photographs and/or videos of me and I understand that they may be used in, publications, promotional materials, program proposals, and the organizations website exclusively for Non-Profit purposes. I understand that my name will not be published with any use of the photos and/or videos.

Name (please print) \_\_\_\_\_

Contact email address and/or Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission of Parent/Guardian if photograph and/or videos of person is below 18 years of age

I agree to allow the Ma Mawi Wi Chi Itata Centre to take photographs and/or videos of the children under my guardianship and that these images may be shared with the media and used for publications, promotional materials, program proposals, and on the website exclusively for Non Profit purposes. I understand that the names of my children will not be published on any use of the photos.

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

Contact email address and/or Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please be advised that if at any time you would like to cancel further use of your photos, we can do so starting from the day of the request only, please contact 204-925-0300 or through email at [info@mamawi.com](mailto:info@mamawi.com) to make your request!*