

Youth Programs Registration 2023 Future is Yours



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

Applicant Information

Full Name	
Date of Birth & Age	
Street Address	
City & Postal Code	
Home & Cellphone #	
E-mail Address (This is how we will communicate.)	
Gender and Pronouns	Please write: <i>Pronoun example: she/her or he/him</i>
Indigenous Origin	<i>Indigenous: ___ Non-Indigenous: ___ Metis: ___</i> <i>Status: ___ Non-Status ___ Other: _____</i>
What is your highest level of Education?	<i>Elementary: ___ Jr. Highschool: ___ Highschool: ___</i> <i>Completed Highschool: ___ Attended Post-Secondary: ___</i> <i>Looking to go back to School: ___</i>
Do you have a Driver's License?	<i>Yes: ___ No: ___</i>
Do you have a Social Insurance Number?	<i>Yes: ___ No: ___</i>
Do you have a Birth Certificate?	<i>Yes: ___ No: ___</i>
Do you have a Bank Account?	<i>Yes: ___ No: ___</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? *Please note that FIY does not accept applicants who have been in the program before. Yes / No*

Have you been involved in Ma Mawi Wi Chi Itata Programs before? If so, which ones and when? *It's okay if you've been in our programs before, we just want to know.*

Please explain:

Do you currently have any certificates or training programs completed? Which ones?

Please explain:

What kinds of training and certificates are you interested in?

Please explain:

Volunteering

Do you volunteer, if so, where?

Please explain:

Are you okay with volunteering to gain work experience? *Please note that we do a lot of volunteering within the North End so Future is Yours participants can gain work experience. Volunteering is mandatory for FIY participants.*

Yes / No

Special Skills & Goals

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

Please explain:

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 behavior or cultural insensitivity may result in my removal of this program.

Applicant signature

Date

Parent/Guardian signature (if under 18)

Date

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 honored to do with Community, Elders, Parents, Youth and Children, Miigwech 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 to make your request!