



MSIT NO'KMAQ

All My Relations

Application to Participate

All information will be kept confidential, secure and not shared outside of the selection committee and facilitators (Three Things Consulting).

About You:

Legal Name: _____

Preferred Name (if different): _____

Birthday (Year/Month/Date): _____

I identify my gender as: _____

Address: _____ City _____

Postal Code _____ Province _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

I self identify as: First Nation Metis Inuit

I am A member of / From (If Applicable):

I am returning to school in September 2017 No Yes

I have a Social Insurance Number No Yes

I have a valid Passport (with at least **nine months** of validity) No Yes

If no, I am willing and able to apply for a passport Yes No

I have secured the \$1500 Registration Fee Yes No

My first language (that I most often speak/write in) is: _____

I also can communicate in: _____ and _____.

Have you sailed before: Yes No

If yes, please share about that experience:

How did you hear about this opportunity?

T-Shirts Size: XL L M S

We want to ensure we have a secondary person to connect with as we finalize the selection process (in case we cannot contact you directly) and in case of any emergency during the project. If you will be 16 or 17 years old on July 28th 2017, this **MUST** be your parent/ legal guardian.

Alternate/Emergency Contact: _____

Relationship to Applicant: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Due to the nature of the project, applicants are required to have a Medical Clearance to Participate completed by a health care professional (see secondary form) in addition to these questions.

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MEDICAL AND DIETARY RESTRICTIONS

- Allergies: No Yes
- Physical Impairments or Restrictions: No Yes
- Dietary Restrictions: No Yes
- Illness or Communicable Disease: No Yes
- Medical Problems Requiring Medication: No Yes

If answered yes **to any of these**, please describe:

Provincial or Territorial Health Card Number: _____

Identification Number (i.e.: Status number OR N number): _____

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A Bit More About You, Your Experiences and Ideas

What do you hope to gain from this experience?

Do you have any lived, work or school experiences that makes you a strong candidate for this opportunity?

What are some things you may do to prepare for your experience?

Have you ever experienced challenges with your mental health and wellness? If so, how did you respond and process that experience?

This trip will be long – and at times stressful. How do you care for yourself and process through stressful situations in your life?

Is there something you currently (or have done) that helps you maintain positive mental health?

Is there a role for your culture and traditional activities that helps you (or could) with having positive mental health?

Physical health is important for balance in our lives. What are some of the things you do to take care of your physical well-being?

For some people, being away from home for a long time can be challenging. It can affect our emotions and how we respond to challenges. If you were away from home and your supports for a month, how would you work at taking care of your emotional wellbeing?

Connecting to our spirit through culture, traditional activities or faith can be very helpful. A strong spirit will be very helpful in a project of this nature. How can participating in a project of this nature help you connect to your spirit?

We want Sail Trainees to be able to share their culture and knowledge around who they are as Indigenous young people. How are you equipped to do that and what can you bring to the Ship as a way of communicating your background and culture?

Many Indigenous people follow the seven sacred teachings to help live their lives in balance and harmony. The seven sacred teachings include: Wisdom, Truth, Humility, Bravery, Honesty, Love, and Respect. Share an example of how you have demonstrated **one** of these teachings in your life.

Is there any other information you would like to share about what would make you a strong fit for this opportunity?

The information that is provided on the application submitted on _____ / ____ / ____ (YYYY/MM/DD) is true, accurate and complete. I consent to participating, understand the risks associated, and agree that should I be selected will sign a further legal release form.

Signature: _____

I will be 16 or 17 years old on July 28th, 2017.

I consent to my child, _____ participating, understand the risks associated, and agree that should they be selected I will sign a legal release form. I have signed the additional Consent Form as required.

A Final Checklist

Have You:	Included in Email
A completed application form	<input type="checkbox"/>
An up to date resume	<input type="checkbox"/>
Download link to Profile Video or Attached Essay	<input type="checkbox"/>
Personal Adult Reference Form	<input type="checkbox"/>
Youth Reference Letter	<input type="checkbox"/>
Medical Release Form	<input type="checkbox"/>
Signed Media Release Form	<input type="checkbox"/>
.jpeg Headshot	<input type="checkbox"/>
Parental / Guardian Consent form (for those under 18)	<input type="checkbox"/>