Eagle's Nest First Nations Youth Project

In partnership with EAGLE Urban Transition Centre, a department of the Assembly of Manitoba Chiefs, the Eagle's Nest First Nations Youth Program provides professional and personal skill development opportunities for First Nations youth between the ages of 15-30, who are not enrolled in school or who are currently unemployed.

Our program delivery is guided by the four quadrants of the medicine wheel system (Spiritual, Emotional, Physical, & Mental) and is delivered in a holistic manner to empower First Nation Youth.

Our program operates in 2 groups of 15 participants over a 12-week period.

AM Group – 9:30 AM to 11:30 AM, Monday to Friday
PM Group – 1:30 PM to 3:30 PM, Monday to Friday

What we offer:

- **First Aid CPR Level C Certificate**
- **Level 1 Food Handlers Certificate**
- **Driver's Licensing**
- **SMART Choices**
- **ASIST/NVCI/MHFA**
- **Tours at Post-Secondary Institutions**
- **Workplace Hazardous Materials Information System (WHMIS)**
- **Skill development activities**
- **Traditional Teachings**
- **Training and Employment Counseling**
- **Volunteer Opportunities**
- **Recreation activities**
- **Nutrition program and transportation**
- **Attend Conferences/Gatherings**
- **Land Based Education**
- **Life Skills/Self Defense**
- **Cultural Reconnection**

Applications can be downloaded online at
https://manitobachiefs.com/advocacy/urban/#eaglesnest **or can be picked up at:**

Eagles Nest Office:
St. John's Leisure Centre
601 Aikins Street
Ph: (204) 956-0610 - **new**

Assembly of Manitoba Chiefs:
Eagle Urban Transition Centre
2nd Floor –275 Portage Ave.
Ph: (204) 954 – 3050

For more information, please email amceaglesnest@manitobachiefs.com.

Miigwetch, Ekosani, Pidameye ye, Mahsi Cho

APPLICATION FORM for EAGLES NEST YOUTH PROJECT

AM GROUP _____ or PM GROUP _____

First Name: _____ Last Name: _____

Preferred Name: _____ Pronouns: _____

Date of Birth: _____

Address: _____

Current living arrangements: *on own __ with relative/friend __ group home __ CFS __ other ___*

Phone:(___) _____Cell:(___) _____Message:(___)_____

Email: _____ First Nation Community: _____

First Nation Background: ☐ *Status* ☐ *Non-status* Status No. _____

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Source of Income: *EMPLOYED / EI / EIA / BAND / CFS / FAMILY / NO INCOME*

Education and Employment Information:

Educational Background: _____
(name of last school you attended, year, and grade)

Did you graduate? _____ If no, why did you leave? _____

Employment Background: _____
(babysitting or assisting family, friends or neighbours count as work or volunteer hours)

How did you hear about the Eagles Nest Youth Project? _____

Please check off what **you have** for identification.

☐ *Birth Certificate*	☐ *Status card*	☐ *Health Card*	☐ *SIN Number*
☐ *Drivers Licence*	☐ *Passport*	☐ *MPI Card*	☐ *Other:* _____

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Emergency Contact: _____
Name Phone Number Relationship

_____ _____
Signature of Participant Date

_____
Parent/Guardian Signature, if under 18