



EAGLE'S NEST ABORIGINAL YOUTH RESOURCE & RECREATION PROGRAM

601 Aikins Street, Winnipeg, MB | Telephone: (204) 954-3075 | Fax: (204) 986-7515

APPLICATION FORM: *Sept-Dec, Jan-Apr, May-Aug*

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____

Current living arrangements: on own _____ with relative/friend _____ group home _____ CFS _____ other _____

Phone: (204) _____ Cell: (204) _____ Email: _____

First Nation Community: _____ Place of Birth: _____

Indigenous Background: Status Non-status Metis Inuit

Source of Income: Temp Employment EI EIA Band CFS Family No Income

Employment Education and Training Related Information (Attached resume: Yes No)

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

Did you complete school? _____ If no, Why did you leave? _____

Employment Background: _____
Write down your last employment experience if applicable

How did you hear about the Eagles Nest Project?

- | | | | | |
|--|--|--|---|-------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Flyer/Poster Ad | <input type="checkbox"/> Probation/Justice | <input type="checkbox"/> Community Centre | <input type="checkbox"/> CFS Worker |
| <input type="checkbox"/> EIA Worker | <input type="checkbox"/> EI Worker | <input type="checkbox"/> First Nation/Band | <input type="checkbox"/> Employment Centre | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Self referral | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Facebook | <input type="checkbox"/> Past/Current Participant | <input type="checkbox"/> School |

Please tell us in your own words why you are applying for Eagle's Nest.

Are you currently involved with either of the following: CFS _____ Probation _____ Support Worker _____

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

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Status card | <input type="checkbox"/> Health Card |
| <input type="checkbox"/> Drivers Licence | <input type="checkbox"/> Passport | <input type="checkbox"/> MPI Card <input type="checkbox"/> other: _____ |

Next of Kin Contact Information: _____
(Name) (Indicate relation to Applicant and provide contact number)

Applicant Signature

Date