



RESTORING THE SACRED

A PROGRAM OF KANI KANICHIHK "THOSE WHO LEAD" • 455 McDERMOT AVE. • WINNIPEG, MB • R3A 0B5
 PH: 204.953.5820 • FAX: 204.953.5824 • EMAIL: jharper@kanikanichihk.ca • WEB: www.kanikanichihk.ca

OFFICE USE ONLY

Date Received	
Program Eligibility	
Entrance Date	

Mentor Application Form

1. Personal Information

Name:		Date:	
Street Address:		City:	
Province:		Postal Code:	
Phone:		Alternate Phone (optional):	
Email:		Social Insurance #:	
Birthday MM/DD/YYYY		Gender: (Female, Male, Transgendered)	
Aboriginal Origin (Please check)	<input type="checkbox"/> First Nations Nations: <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status	What language(s) do you speak?	<input type="checkbox"/> Oji-Cree <input type="checkbox"/> Dakota <input type="checkbox"/> Cree <input type="checkbox"/> Dene <input type="checkbox"/> Ojibwe <input type="checkbox"/> Inukutuk <input type="checkbox"/> Other:
Home Community:			
Are you currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What school do you go to?			
Highest Grade Attained:			
Where did you hear about Restoring the Sacred Program?	<input type="checkbox"/> Counselor/Teacher <input type="checkbox"/> News letter <input type="checkbox"/> Online	<input type="checkbox"/> Friend/Family <input type="checkbox"/> Postcard <input type="checkbox"/> Poster	<input type="checkbox"/> Other:
Please indicate which times you are available to	Weekdays: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday		

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meet with your mentee? Please check all that apply:	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
What are some of the favorite things you like to do? <input type="checkbox"/> Ice skating <input type="checkbox"/> Roller skating <input type="checkbox"/> Museum <input type="checkbox"/> Tea/Coffee <input type="checkbox"/> Dancing <input type="checkbox"/> Concerts <input type="checkbox"/> Singing/Karaoke <input type="checkbox"/> Volunteering <input type="checkbox"/> Sports <input type="checkbox"/> Photography	Weekends: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Cooking <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Movies <input type="checkbox"/> Bowling <input type="checkbox"/> Drumming <input type="checkbox"/> Powwows <input type="checkbox"/> Ceremonies <input type="checkbox"/> Other(s):
If you could learn something new, what would it be?	
What is one goal you have set for the future?	
What person do you most admire and why?	

2. Application Questions

1. Why do you want to become a mentor?	
2. Do you have any previous experience volunteering or working with youth? If so, please specify.	
3. What qualities, skills, or other attributes do you feel you have that would benefit new youth coming to Winnipeg for education? Please explain.	
4. How would you describe yourself as a person?	
5. How would your friends, family and counselor describe you?	
6. Are you available to meet with a student two days or evenings a week? Please explain any particular scheduling issues.	

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7. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.	
8. The Restoring the Sacred Program requires a one year commitment, is there anything that would disrupt your one year involvement?	
9. Have you ever been arrested or convicted of a crime? If so, please explain?	
10. Have you ever been investigated or convicted of abuse or neglect? If yes, please explain.	
11. Have you ever experimented with drugs and alcohol? If so, please share your experience.	
12. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.	
13. Are you willing to communicate regularly and openly with program staff, provide bi-weekly logs/reports regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?	
14. Are you willing to attend an initial 2-day mentor training/orientation?	

Please attach a brief introduction about yourself, you can include things such as your favorite foods, hobbies, things you like to do back home, general interests and anything else you'd like your potential Mentor to know about you. (min. 250 words)

If you'd rather draw your introduction, we welcome all of your expressive ideas! 😊

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3. Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information Restoring the Sacred Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name:	Address:
City:	Province:
Postal Code:	Phone #:
Relationship:	How long known:

Name:	Address:
City:	Province:
Postal Code:	Phone #:
Relationship:	How long known:

Name:	Address:
City:	Province:
Postal Code:	Phone #:
Relationship:	How long known:

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Restoring the Sacred Application Agreement

Thank you for your interest in the Restoring the Sacred program, at Kani Kanichihk Inc. we pride ourselves on being accountable to the community and engaging in safe practices throughout all of our programs.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Restoring the Sacred Program is not obliged to provide a reason for their decision in accepting or rejecting me as a mentor.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Information Release Form
- Personal References Form
- Criminal History Release Form
- Current Resume

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

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Information Release

I, _____, understand it will be necessary for Restoring the Sacred Program to conduct a background check regarding my driving record, criminal history and personal/professional references.

Further, I understand that information about myself will be shared anonymously (without my name) with a prospective student(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/student match is determined, my identity and any other information known about me may be shared with the student and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

_____ I agree to allow Restoring the Sacred Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

Signature

Date

Parent/Guardian (if under 18)

Full Name _____

Address _____ City _____

Province _____ Postal Code _____

Date of Birth ____/____/____

Social Insurance Number ____/____/____

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