

ELDERS ROSTER APPLICATION FORM

Name: _____

Address: _____

Phone Contact # _____ Alternative Phone Contact: _____

Email: _____

Emergency Contact Name and Phone: _____

First Nation Affiliation No / Yes _____

Fluent in Languages _____

Nutritional Needs (allergies, diabetic) _____

What is your availability to attend Training and Circles? _____

Vulnerable Screen Check: No / Yes

Important: The Anishinabek Nation Circle Process to Support Child and Youth Well-Being involves the participation of families that may be experiencing crisis. Some family members may be vulnerable children, youth or women vulnerable young children and women, and the Circle Process wants to ensure strong ethical standards of safety and security are in place. Therefore, it is imperative that the staff and others involved with assisting families through the Circle Process obtain a Vulnerable Screen Check to provide to Lead Coordinator/Facilitator of the program. Please obtain a current Vulnerable Screen Check from your local Police Department, directed to the The Anishinabek Nation Circle Process to Support Child and Youth Well-Being. Expenses for the cost of this check may be reimbursed by the Circle Process program.

Resume Attached: No / Yes

Please note: An individual will not be able to serve as a Circle Facilitator or Elder if they or their spouse is currently employed by a child welfare agency. Nor can a person serve if they or their spouse has a current open file with a child welfare agency or has had a child welfare file open in the past two years.



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PLEASE PROVIDE THREE REFERENCES OF YOUR WORK:

1. NAME: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE #: _____

What type of work did you provide for this reference?

2. NAME: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE #: _____

What type of work did you provide for this reference?

3. NAME: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE #: _____

What type of work did you provide for this reference?

