

No. _____ Date of Receipt: _____



YOUTH MENTORSHIP PROGRAM
Youth Participant Application Form

Please return this submission to: ACI Manitoba Youth Mentorship Program
#501 -62 Albert Street Winnipeg MB
R3B 1E9

Or Fax: (204) 927-2789

Name: _____

Address: _____

_____ Postal Code _____

Telephone: (Home) _____ (Other) _____

Email: _____

Date of Birth: (d/m/y) _____

Gender: Male

Female

if under 18 years of age - Signature of parent or guardian _____

Name of parent or guardian (please print) _____

Parent's email: _____

Telephone: _____

if 18 yrs or older: Emergency Contact: _____

Relationship _____ Telephone: _____

Program applying for:

Filmmaking

Music Management, Marketing and Promotion

Writing Fiction

Signature of teacher if in high school _____

Name of Teacher (please print) _____

Name of High School _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

1 How long have you been involved in your area of interest? _____
Have you applied your experience to any arts and cultural activities? If so, how?

2 What is your proudest achievement? _____

3 Why do you want to participate in this project? What do you hope to achieve?

4 Are you willing and able to make this project a priority? _____

5 Can you commit to the time requirements of your group's project? _____
(please read guidelines for the specific dates for your group)

6 What future career goals do you have at this time? _____

7 Participants will work as part of a team. Please give examples of: a) how you have worked as a team player (e.g. collaboration, collective creation) b) when you took initiative and

acted as a leader . _____

Please check all that apply to your current situation:

Attending High School _____ Attending University _____

Working full-time _____ Working Part-time _____

PLEASE INCLUDE WITH YOUR SUBMISSION:

- Concise responses to the questions above
- Your resume
- Your nominator's form

PLEASE READ GUIDELINES FOR DETAILS & COMMITMENT REQUIREMENTS.

This personal information is being collected under the authority of ACI and will be used and disclosed for the purpose of determining your eligibility for participation with the Mentorship Program. It will also be shared with the Department of Healthy Living, Youth and Seniors for data collection purposes.

APPLICATIONS MUST BE RECEIVED BY Thursday, December 15, 2011.

NOMINATOR

Name _____ Signature _____

Title & Organization or

School _____

Address _____

_____ Postal Code _____

Telephone (Business) _____

E-mail: _____ Fax _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1 Why are you nominating this person for this program? What will he/she bring to this project? Please reference his/her skills and talents. _____

2 How long have you been familiar with your nominee's work? _____

3 What do you consider to be your nominee's most outstanding achievement?

4 What has your nominee done that demonstrates both leadership and a capacity to participate in a team environment? _____

Please return this form to the Youth Applicant (application deadline • December 15, 2011)