



Running White Wolves Youth Council

Application Form 2025-2027

Contact Information		
Full Name (First & last):	Age:	Date of Birth (Month, Day, Year):
Address, City/Community and Postal Code:	Pronouns (Ex. She/ Her, They/Them, or He/Him):	
Community Name:	Location: <input type="checkbox"/> I live in my community <input type="checkbox"/> I live away from my community	
Phone Number:	E-mail:	
Health & Emergency Contact		
Do you have any known allergies, dietary restrictions, or health concerns we should be aware of? If you know, please list:		
Emergency Contact Name:	Emergency Contact Relationship (Ex. Parent, Caregiver, Aunty/Uncle, Grandma, etc.):	
Emergency Contact Phone Number(s):		

Check all that apply	
Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No, but I will get one as soon as possible! <input type="checkbox"/> No, I do not	Do you have a device to join virtual meetings (<i>phone, laptop or tablet</i>) and access to a reliable internet connection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have current or previous involvement with CFS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you participated in a Shawenim Abinoojii or Southeast Child & Family Services program before? <input type="checkbox"/> Yes (If answered yes, which one?) _____ <input type="checkbox"/> No

Please answer the following questions *(you may include an attachment if you require additional space)*

1. Please tell us about yourself (introduction, hobbies, interests):

2. What are your education and/or employment goals?

3. Why do you want to be a part of the Running White Wolves Youth Council?

Reference *(Please list one reference we can call below)*

Name:	Relationship with applicant:
Contact Number:	

Youth Applicant Name (Print): _____

Youth Applicant Signature: _____ Date: _____

Parent/Guardian to fill out below if youth is under the age of 18

Parent/Guardian Name (Print): _____

Parent/ Guardian Signature: _____ Date: _____

Deadline to submit your application is April 1, 2025. Please send the completed application form to Youth Council Coordinator, Amanda Cowley at amandac@shawenimabinoojii.org OR fax to 204-949-9411.

We thank all those who apply, however, only those selected will be contacted. Miigwetch!