

FACILITATOR 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? _____

List skills and training you have that would be beneficial to the Circle Resolution Process



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Would you be willing and able to participate in further training for the Circle Process? No / Yes

Past Volunteer Experience:

ORGANIZATION	POSITION	DUTIES	DATE (from - to)

Resume Attached: No / Yes

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.

Please obtain a current Vulnerable Screen Check from your local Police Department, directed to the Child Well-Being Circle Process. To be reimbursed by the Child Well-Being Circle Process.

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PLEASE PROVIDE THREE REFERENCES OF PREVIOUS FACILITATION EXPERIENCE:

1. NAME: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE #: _____

What type of work did you perform for this reference?

2. NAME: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE #: _____

What type of work did you perform for this reference?

3. NAME: _____

ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE #: _____

What type of work did you perform for this reference?

Candidate Comments:

