

APPLICATION

ABORIGINAL PARENT/GUARDIAN VOLUNTEER ADVOCACY PROGRAM



Empowering parents, guardians and students for student success

Last Name _____

First Name _____

Initial(s) _____

Address _____

Postal Code _____

Residence Telephone _____

Work Telephone _____

E-mail Address _____

PERSONAL ATTRIBUTES

I will bring the following skills to the role of volunteer Aboriginal Parent/Guardian Advocate.

Please check (✓) appropriate boxes and include additional skills in the space below.

- Knowledge of Aboriginal culture
- Sensitive to Aboriginal challenges
- Familiar with local Aboriginal agencies and community support services
- Conflict resolution skills
- Knowledge of educational system
- Translation
- Language Fluencies
 - Oji-cree Speak Read Write
 - Ojibway Speak Read Write
 - Cree Speak Read Write
- Other

Page 1 of 2, please complete next page.

APPLICATION

Complete the following

Preference for locations available

South side of Thunder Bay

North side of Thunder Bay

List the reason(s) that you have for becoming a volunteer Aboriginal Parent/Guardian Advocate:

Three References (Letters of support can be provided)

1.	<hr/> Name	<hr/> Contact Telephone
2.	<hr/> Name	<hr/> Contact Telephone
3.	<hr/> Name	<hr/> Contact Telephone

APPLICANT SIGNATURE

DATE

Page 2 of 2

Thank you

**Completed application forms
must be received on or before
March 27, 2009**

Lakehead Public Schools
Victoria Park Training Centre
Attention: C. Chukra
Aboriginal Education Advisor
125 Lillie Street, South
Thunder Bay ON P7E 2A3
Fax 807 625 5460