

Mentor Application

Landed Learning Indigenous Education Program (LLIEP)

PART I: CONTACT INFORMATION		PART II: SAFETY AND INSURANCE INFORMATION	
NAME		<i>Note: This information is for insurance purposes, and, like all the information contained in this application, is kept strictly confidential. If you do not have a BC Care Card Number, please provide details of other health insurance in the "Special Considerations" Box.</i>	
ADDRESS (including postal code, please!)			
DATE OF BIRTH			
EMAIL ADDRESS		BC CARE CARD NUMBER	
PHONE NUMBERS (Please circle preferred phone.)		EMERGENCY CONTACT INFORMATION	
Home _____-_____-_____		CONTACT'S NAME	RELATIONSHIP
Cell _____-_____-_____		EMERGENCY PHONE (HOME)	EMERGENCY PHONE (WORK)
*Note: We primarily use email for contact.		DO YOU HAVE ANY SPECIAL CONSIDERATIONS THAT WE SHOULD KNOW ABOUT? (ALLERGIES, ETC):	
PART III: INTERESTS			
How did you hear about the Landed Learning Indigenous Education Program? Do you have a relationship with the Aboriginal Focus School?			
Why are you interested in Mentoring with the Landed Learning Indigenous Education Program?			
PART IV: SKILLS AND EXPERIENCE			
Life experiences (cultural, career, education, expertise)			
What has been your experience with gardening, food preparation, and Indigenous cultural knowledge?			
What experience do you have in working with Indigenous communities, and children ages 8 to 12?			
What other interests or skills do you have that are related to the Project?			
PART V: AVAILABILITY			
Commitment: 9 Wednesdays (approximately biweekly) from January 31 to June 13, 2018.			
What is your preferred level of commitment? (circle one) <i>Fully committed</i> <i>On-call</i>			
Please share any other details of your schedule that will impact your involvement:			