

Prevention Through Wellness

INDIGENOUS WELLNESS ACADEMY

Application

First Name: _____ Last Name: _____
Birthdate: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____

Number of years living in current community and what tribe are you enrolled into:

Please describe how you are involved in your community:

How much time do you spend volunteering in your community?

Do you have any special training, credentials, or experience that would be relevant in working with youth or community wellness?

What are some of your wellness strengths?

What are some strengths of your community?

What are some current ongoing positive activities in your community that contribute to community wellness?

Why do you want to be a part of the Indigenous Wellness Academy; what do you hope to get out of it most?

Are you on Facebook?

Yes - Will you be able to join the Wellness Warrior private Facebook page for communicating with other student's and instructors? Yes No

No - Are you able or will to join Facebook to communicate on the Wellness Warrior Page?
Yes No

Do you have consistent and stable internet access? (Check all that apply)

At work - Will you be able to use for the IWA classes? Yes No

At Home

Other public location - will you be able to use for the IWA classes? Yes No

Does your community have cellular service?

No Yes - Which Providers? _____

What is your preferred way to access course materials? (Check all that apply)

Hard copy mailed to me

Download from Facebook or other electronic shared site

Download and updated onto an iPad or tablet

Classes are held virtually, in what way do you think you will be able to attend? (Check all that apply)

Zoom

Facebook Live

Phone & iPad

Phone & hardcopy

Will you need a lending iPad from our library?

No

Yes - Please explain how comfortable you are with it:

If chosen, how much time can you commit to wellness activities in your community?

_____/per week.

References

Please provide complete information for one or two persons who have known you for at least two years and can vouch for your character, reputation, and dependability.

1. First Name _____ Last Name _____
Email _____ Phone Number _____
Nature of Relationship _____
Number of years acquainted _____

2. First Name _____ Last Name _____
Email _____ Phone Number _____
Nature of Relationship _____
Number of years acquainted _____

*** Please read carefully and thoroughly before signing ***

I submit the above information is true and accurate and I have answered all questions to the best of my ability. I will cooperate in the selection process with the TCC Wellness Program

I give permission to the TCC Wellness Program to contact the references provided. I understand that the information received from the references will remain confidential.

I understand this course is voluntary with no monetary compensation, but a long-term commitment and I affirm that I can meet the minimum expectations:

- Twice a month course instruction for 2 days a week, Tuesday – Wednesday 9am-11am
 - Every other week
- Individual sessions 1-2 hours
 - May 2022
- Attending the full 6-months course
 - Understanding if I miss a class, I will make it up with the coordinators independently.
- Complete all assigned homework before sessions (estimated to take 8 hours per month).

I agree that if I choose not to or am not able to continue to attend after I start, I will let project staff know as soon as possible so someone else may be able to be enrolled in my place.

The Indigenous Wellness Academy is limited to 25 participants: 3 per sub-region. Participants must reside in a rural community within the TCC region, agree to attend all sessions, and complete homework & final projects. Final projects will be a community wellness event in their home community. After training completion, participants should be willing to then apply their knowledge to lead their community in wellness initiatives. Travel and per diem will be paid to participants when they attend sessions outside their home community. Participants who attend all sessions will graduate in June 2021. For more information please contact: Autumn Cantu, SPF Manager at Autumn.Cantu@tananachiefs.org (907) 452-8251 ext. 3056

Please return this application by December 31, 2021, 5:00pm.

Signature

Date