



Anishinabek Family Care

## CULTURAL/TRADITIONAL TEACHER APPLICATION

**Purpose:** For an individual to be considered to provide service as a Cultural/Traditional Teacher with Dilico Anishinabek Care.

**Instructions:** (1) Please print clearly and sign. (2) Attach resume, bio summary or other documents if available.

### Personal Information

<b>Surname (also maiden name if applicable):</b>		<b>Given Name:</b>	
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<b>Street and/or Box Number:</b>		<b>City/Town/Province/Postal Code:</b>	
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<b>Phone No:</b>		<b>Cell No:</b>		<b>Email:</b>	
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<b>Do you have a Valid Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you own a vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you willing to travel?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Are you a member of a First Nation?**  Yes  No If yes, indicate:

**Check One:**  Status  Non-Status  Metis  Other

**Will Work With:**  Adult Males  Adult Females  Youth Males  Youth Females  Children  Elders

**Names of Relatives Employed by Dilico?**

### Experience, Skills and Teachings

#### Ceremonies (Facilitator / Conductor):

<input type="checkbox"/> Sweat Lodge	<input type="checkbox"/> Pipe Carrier	<input type="checkbox"/> Smudging	<input type="checkbox"/> Sunrise	<input type="checkbox"/> Dream Interpreter
<input type="checkbox"/> Fasting	<input type="checkbox"/> Spirit Name Giving	<input type="checkbox"/> Men Ceremonies	<input type="checkbox"/> Full Moon	<input type="checkbox"/> Sundance
<input type="checkbox"/> Sacred Circle	<input type="checkbox"/> Turtle Lodge	<input type="checkbox"/> Women Ceremonies	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Drum Birthing
<input type="checkbox"/> Berry Fast	<input type="checkbox"/> Vision Quest	<input type="checkbox"/> Cedar Baths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Pow-wow & Drumming:

<input type="checkbox"/> Group Drummer	<input type="checkbox"/> Solo Singer	<input type="checkbox"/> Staff Carrier	<input type="checkbox"/> Announcer/MC	<input type="checkbox"/> Hand Drummer
<input type="checkbox"/> Drum Group Name:				
<input type="checkbox"/> Dancer (Specify)				
<input type="checkbox"/> Other (Specify)				

#### Teachings:

<input type="checkbox"/> Medicine Wheel	<input type="checkbox"/> Grandfather Drum	<input type="checkbox"/> Hand Drum	<input type="checkbox"/> Clans/Totems	<input type="checkbox"/> Regalia
<input type="checkbox"/> Aboriginal Tribes	<input type="checkbox"/> Pipe	<input type="checkbox"/> Medicines	<input type="checkbox"/> Spirit Names	<input type="checkbox"/> 7 Grandfathers
<input type="checkbox"/> Seven Fires	<input type="checkbox"/> Colours	<input type="checkbox"/> Feasts	<input type="checkbox"/> Sacred Bundles	<input type="checkbox"/> Cedar Baths
<input type="checkbox"/> History/Treaty	<input type="checkbox"/> Story Teller/Legends	<input type="checkbox"/> Give-a-ways	<input type="checkbox"/> Pow-wows	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Other (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Crafts / Tools / Clothing / Regalia:

<input type="checkbox"/> Dream Catchers	<input type="checkbox"/> Rattles	<input type="checkbox"/> Drums	<input type="checkbox"/> Beaded Belts	<input type="checkbox"/> Roaches
<input type="checkbox"/> Medicine Wheels	<input type="checkbox"/> Pouches	<input type="checkbox"/> Bead Work	<input type="checkbox"/> Breast Plates	<input type="checkbox"/> Flutes
<input type="checkbox"/> Porcupine Quills	<input type="checkbox"/> Star Blankets	<input type="checkbox"/> Necklaces/Earrings	<input type="checkbox"/> Pipes	<input type="checkbox"/> Bustles
<input type="checkbox"/> Shawls	<input type="checkbox"/> Coats/Clothing	<input type="checkbox"/> Wood Carver	<input type="checkbox"/> Dolls/Toys	<input type="checkbox"/> Tikinagans
<input type="checkbox"/> Regalia (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crafts / Tools / Clothing / Regalia (continued):				
<input type="checkbox"/> Other (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Other:				
<input type="checkbox"/> Ojibwe Teacher	<input type="checkbox"/> Ojibwe Interpreter	<input type="checkbox"/> Oji-Cree Teacher	<input type="checkbox"/> Oji-Cree Interpreter	<input type="checkbox"/> Syllabics
<input type="checkbox"/> Hunter	<input type="checkbox"/> Trapper	<input type="checkbox"/> Tanning Hides	<input type="checkbox"/> Artist	<input type="checkbox"/> Eagle Staff
<input type="checkbox"/> Grandfather Drum	<input type="checkbox"/> Hand Drums	<input type="checkbox"/> Water Drum	<input type="checkbox"/> Nature Outings	<input type="checkbox"/> Herbalist
<input type="checkbox"/> Medicine Picking	<input type="checkbox"/> Medicine Walks	<input type="checkbox"/> Ojibwe Translator	<input type="checkbox"/> Oji-Cree Translator	<input type="checkbox"/>
<input type="checkbox"/> Medicine Maker (Indicate types eg. cough medicine, etc.)				
<input type="checkbox"/> Traditional Doctoring (indicate)				
<input type="checkbox"/> Traditional Counselling (indicate)				
<input type="checkbox"/> Other (Indicate)				
Cultural Fees (indicate):				
<input type="checkbox"/> Hourly \$	<input type="checkbox"/> Per Session \$	<input type="checkbox"/> ½ day (up to 4 hrs.) \$	<input type="checkbox"/> Day (up to 8 hrs.) \$	<input type="checkbox"/> As Per Agency Fee Schedule
List of Agencies / Individuals I Have Worked With				
Agency/Individual:	Contact Person:	Contact Number:		
1.				
2.				
3.				
4.				

**Check If Attached:**  Resume  Bio  Criminal Records Check (incl. vulnerable sector check)

Other Documents (Indicate) \_\_\_\_\_

**Please Initial:**

\_\_\_\_\_ I hereby provide consent to Dilico to contact the agencies/individuals listed above for reference checks.

\_\_\_\_\_ I understand I will need to complete a Confidentiality Agreement prior to providing service to Dilico and its clients.

\_\_\_\_\_ I understand I will need to provide a copy of my Indian Status, Metis Card or Drivers' License to Dilico prior to providing service to Dilico and its clients.

\_\_\_\_\_ If not already provided, I understand I will need to provide a Criminal Records Check (Vulnerable Sector) prior to providing service to Dilico and its clients.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Submit Application To:</b>	Manager of Cultural Services Dilico Anishinabek Family Care 200 Anemki Place Fort William First Nation, ON P7J 1L6
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