

# NWT Youth Ambassador Program 2017-2018

## Call For Applications

---

**Deadline to apply: September 22, 2017**

### About the NWT Youth Ambassador Program

- Opportunity to travel and volunteer at special events. Past events include: Arctic Winter Games, Canada Games, and the North American Indigenous Games.
- Build leadership and life skills through specialized training and volunteering
- Meet youth from across the NWT and Canada
- Represent your community and the NWT

### To complete your application you must submit both Form A & Form B:



#### NWT Youth Ambassador – Application Form:

- Summary of personal information
- Responses to all applicant questions



#### NWT Youth Ambassador – Reference Forms:

- Two references are required. A reference person can be a teacher, a coach, a person of authority, or other adult outside of your family who knows you well.

### Eligibility – NWT Youth Ambassadors must:

- Between 16 -24 years of age as of December 31, 2017
- Be a resident of the Northwest Territories
- Hold valid NWT Health Care
- Must be available to attend the mandatory orientation session in November 2 – 6, 2017

### Selection Criteria:

- Community involvement
- Commitment to a healthy lifestyle
- Reason for becoming a Youth Ambassador
- Two completed Letter of Reference Forms (Form B) from a person you are not related to
- Must provide a Police Record Check including Vulnerable Sector Check

**ONLY COMPLETE APPLICATIONS RECEIVED BY THE DEADLINE WILL BE REVIEWED**



**There are two Ways to Apply:**

- Written Application, which can be downloaded or filled out online at [www.maca.gov.nt.ca](http://www.maca.gov.nt.ca)
- Verbal application

To submit a **verbal application**, please contact Ashley Gillis by phone at 867.767.9166 ext: 21107 or by email at [youth\\_and\\_volunteer@gov.nt.ca](mailto:youth_and_volunteer@gov.nt.ca).

**For more information, please contact your regional office:**

<b>South Slave Region</b> 867.872.6525	<b>Inuvik Region</b> 867.777.7121	<b>North Slave Region</b> 867.767.9167 ext: 21131
<b>Dehcho Region</b> 867.695.7226	<b>Sahtu Region</b> 867.587.7100	<b>Headquarters</b> 867.767.9166 ext: 21106

**Checklist of Required Documents for Application**

**NWT Youth Ambassador Volunteer**

- NWT Youth Ambassador Application (*Form A*)
- Two (2) Completed Letter of Reference Forms (*Form B*)
- Copy of Police Record Check including Vulnerable Sector Check  
Mail to: Ashley Gillis #600 5201-50<sup>th</sup> Ave. Yellowknife, NT X1A 3S9

**ONLY COMPLETE APPLICATIONS RECEIVED BY THE DEADLINE WILL BE REVIEWED**



# NWT Youth Ambassador Program 2017-2018

## Form A: NWT Youth Ambassador Application

---

Full Name: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Community*

\_\_\_\_\_ *P.O. Box Number* *Postal Code*

Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_

Daytime Phone Number (Work or School): (\_\_\_\_) \_\_\_\_\_

Evening Phone Number (Home): (\_\_\_\_) \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Please check the appropriate box or boxes if you have a food, latex allergy, or special dietary restrictions we should know about.

Gluten Free Diet Required

- Gluten-Free Diet Required
- Lactose-Free Diet Required
- Vegetarian Diet Required
- Other (Please List):  
\_\_\_\_\_

- Peanut Allergy
- Latex Allergy
- Other Food Allergy (Please List):  
\_\_\_\_\_

**ONLY COMPLETE APPLICATIONS RECEIVED BY THE DEADLINE WILL BE REVIEWED**



**Clothing:**

What size of **shirt** do you take? *(Please circle one)*

**Men's Sizes:** Extra Small | Small | Medium | Large | X-Large | 2X- Large | 3X-Large

**Women's Sizes:** Extra Small | Small | Medium | Large | X-Large | 2X- Large | 3X-Large

What size of **pants** do you take? *(Please circle one)*

**Men's Sizes:** Extra Small | Small | Medium | Large | X-Large | 2X- Large | 3X-Large

**Women's Sizes:** Extra Small | Small | Medium | Large | X-Large | 2X- Large | 3X-Large

Are you an NWT Resident?  Yes  No

Do you have a valid NWT Health Care?  Yes Expiry Date: \_\_\_\_\_  
 No

Do you have photo identification?  Yes  No  
(Examples: Treaty/Status Card, Driver's Licence, or General Identification Card [GIC].)

Occupation *(State if you are a student or provide job title):* \_\_\_\_\_

Name of High School: \_\_\_\_\_

Attended from (YYYY): \_\_\_\_\_ to \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Attended from (YYYY): \_\_\_\_\_ to \_\_\_\_\_ Program: \_\_\_\_\_

Have you previously participated in any NWT Youth Ambassador Programs? What year(s)? \_\_\_\_\_

Are you comfortable travelling outside the NWT?  Yes  No

You Must be available for November 2 - 6, 2017 to participate in the **mandatory** training event. Please indicate your availability.  Yes  No

Will you be able to take time away from school/work to participate in NWT Youth Ambassador Events (ranging from approximately 10 days to 2 weeks)?  Yes  No

**ONLY COMPLETE APPLICATIONS RECEIVED BY THE DEADLINE WILL BE REVIEWED**



# NWT Youth Ambassador Program 2017-2018

## Form A: NWT Youth Ambassador Application

Write a response to the following questions. Either use the space available or write answers on another sheet if you need more space.

1. Describe **three** (3) things you have done in your life that you are proud of, **and** explain why you are proud of these accomplishments.

---

---

---

---

---

---

---

---

---

---

2. Why do you think it's important to be involved with your community or school?

*(Think about how your involvement benefits yourself, others, and your community.)*

---

---

---

---

---

---

---

---

---

---

3. Describe how you help (volunteer) your school or community?

*(Examples: Coach soccer, carry firewood for Elders, volunteer at the Friendship Centre.)*

---

---

---

---

---

---

---

---

---

---

**ONLY COMPLETE APPLICATIONS RECEIVED BY THE DEADLINE WILL BE REVIEWED**



4. What does healthy living mean to you? In what ways do you commit to staying healthy?  
*(Think about your physical, mental, and social health.)*

---

---

---

---

---

---

---

---

5. Why do you want to be an NWT Youth Ambassador? What are your expectations?  
*(Think about how the program can help you right now and for your future plans.)*

---

---

---

---

---

---

---

---

6. Scenario: You are being interviewed by the media while you are at a volunteer event. How would you respond to the following questions?

a) Tell me in **detail** about your home community in the NWT.  
*(Think about including facts and personal stories.)*

---

---

---

---

---

---

---

---

b) What are **three** things a tourist might be interested in seeing in the NWT?

---

---

---

---

---

---

---

---

**ONLY COMPLETE APPLICATIONS RECEIVED BY THE DEADLINE WILL BE REVIEWED**



# NWT Youth Ambassador Program 2017-2018

## Form B: Reference Form (1)

**APPLICANT INSTRUCTIONS:** Below, fill in your name and give this form to a teacher or other adult outside of your family who knows you well. Ask the reference to fill out the form. Either yourself or the reference can send the reference form to Ashley Gillis by September 22, 2017.

E-mail: youth\_and\_volunteer@gov.nt.ca; Fax: 867.920.6467

**APPLICANT NAME:**

First Name	Last Name
------------	-----------

**FOR THE REFERENCE:** The NWT Youth Ambassador Program provides a guided and structured volunteer experience for NWT youth at major events to develop significant life and job skills and build their confidence. Participant training focuses on volunteer and leadership skill development. Please be honest when telling us about this youth. If you would like to add additional comments, we encourage you to do so.

**Please indicate your opinion of this applicant’s ability to meet the challenges of this program. Check one:**

<input type="checkbox"/> I strongly recommend this applicant
<input type="checkbox"/> I recommend this applicant
<input type="checkbox"/> I am neutral
<input type="checkbox"/> I have minor concerns about recommending this applicant
<input type="checkbox"/> I have major concerns about recommending this applicant

**Write a response to the following questions. Either use the space available or write answers on another sheet if you need more space.**

1. How long, and in what way, have you known this applicant?

---

---

---

---

---

---

---

---

---

---



2. What are the applicant's areas of strength **and** areas for growth? **Please describe both.**

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe the applicant's behavior in respect to authority and peer relationships, as best as you can.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you think the applicant adapts well to unfamiliar environments and new situations? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (printed): \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

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





# NWT Youth Ambassador Program 2017-2018

## Form B: Reference Form (2)

**APPLICANT INSTRUCTIONS:** Below, fill in your name and give this form to a teacher or other adult outside of your family who knows you well. Ask the reference to fill out the form. Either yourself or the reference can send the reference form to Ashley Gillis by September 22, 2017.

E-mail: youth\_and\_volunteer@gov.nt.ca; Fax: 867.920.6467

**APPLICANT NAME:**

---

First Name	Last Name
------------	-----------

**FOR THE REFERENCE:** The NWT Youth Ambassador Program provides a guided and structured volunteer experience for NWT youth at major events to develop significant life and job skills and build their confidence. Participant training focuses on volunteer and leadership skill development. Please be honest when telling us about this youth. If you would like to add additional comments, we encourage you to do so.

**Please indicate your opinion of this applicant’s ability to meet the challenges of this program. Check one:**

<input type="checkbox"/> I strongly recommend this applicant
<input type="checkbox"/> I recommend this applicant
<input type="checkbox"/> I am neutral
<input type="checkbox"/> I have minor concerns about recommending this applicant
<input type="checkbox"/> I have major concerns about recommending this applicant

**Write a response to the following questions. Either use the space available or write answers on another sheet if you need more space.**

1. How long, and in what way, have you known this applicant?

---

---

---

---

---

---

---

---

---

---



2. What are the applicant's areas of strength **and** areas for growth? **Please describe both.**

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe the applicant's behavior in respect to authority and peer relationships, as best as you can.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you think the applicant adapts well to unfamiliar environments and new situations? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (printed): \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

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