



CHAMPAGNE AND AISHIHIK FIRST NATIONS

Summer Student Program Application

Contact Information

Applicant Name:			
Date of Birth:		Phone Number:	
Email Address:			
CAFN Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> Other Yukon First Nation <input type="checkbox"/> Other _____ <input type="checkbox"/> No		
Location of Home During Summer:	<input type="checkbox"/> Champagne <input type="checkbox"/> Haines Junction <input type="checkbox"/> Whitehorse <input type="checkbox"/> Takhini River Subdivision <input type="checkbox"/> Other: _____		

Education

Current/Last Level of Education Completed:	<input type="checkbox"/> Gr. 8 <input type="checkbox"/> Gr. 9 <input type="checkbox"/> Gr. 9 <input type="checkbox"/> Gr. 10 <input type="checkbox"/> Gr. 11 <input type="checkbox"/> Gr. 12 <input type="checkbox"/> 1 st Year Post-Sec <input type="checkbox"/> 2 nd Year Post-Sec <input type="checkbox"/> 3 rd Year Post-Sec <input type="checkbox"/> 4 th Year Post-Sec			
Are you currently in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you returning to school in the Fall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, for what?	<input type="checkbox"/> High School <input type="checkbox"/> Other: _____			
When you finish school, what career would you like to go into:				

Training

Do you have a valid First Aid certificate?	<input type="checkbox"/> Yes (expiry date): _____ <input type="checkbox"/> No	
What training opportunities would you like this summer?		
What cultural activities would you like to do this summer?		
What do you like to do in your spare time?		

Employment

Have you worked with CAFN's Summer Student Program before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, doing what?		
Would you like to:	<input type="checkbox"/> Return to the position <input type="checkbox"/> Try something new	

Please rank the top 3 Summer Student jobs posted that you would like to apply to

#	Position Title	Organization/Department
1.		
2.		
3.		



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Availability

For post-secondary students, the Summer Student Program runs from **May 4th** to **August 14th**

Are you available to work during this time period? Yes No

If no, please tell us more:

For high school students, the Summer Student Program runs from **June 15th** to **August 14th**

Are you available to work during this time period? Yes No

If no, please tell us more:

Are there any restrictions to your availability due to prior commitments (ex. Sports, camps, other jobs, transportation)? Yes No

If yes, please tell us more:

How many days per week are you interested in working this summer?

Part Time (3 days/week) Full Time (5 days/week)

Attendance to the following is mandatory for participation in the program:

- May 4-5th – Orientation for Post-Secondary Students
- June 14th-15th – Orientation for High School Students
- June 16th-18th – Training for All Students
- Every Wednesday – Training & Cultural Activities for All Students
- August 10th-14th – Culture Camp for All Students

Are you able to attend all of the above? Yes No

If no, please tell us more:

Have you attached a copy of your resume? Yes

Have you attached a copy of your cover letter? Yes

Signature: _____ Date: _____

Once completed, please submit your application package to:

Lily Guillemette
Summer Student Coordinator
867-634-5240
lguillemette@cafn.ca