

Inuit Connection Program Application 2024

Applicant Information

Full Name: _____ DOB: _____
Last First M.I

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email _____

Are you Available: **August 3-10, 2024** YES NO

Are you a Nunatsiavut Beneficiary? YES NO

Do you speak Inuttitut? YES NO

Have you ever been to the Torngat Mountains National Park? YES NO

Do you have experience on the land? YES NO

Do you have any allergies? YES NO

Do you have any mobility issues as participants will be travelling by boat and need to be mobile in those conditions. YES NO

If yes, what allergies: _____

References from previous programs attended

Please list two references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Inuit Connection Program

1. Why would you like to attend the Inuit Connection Program to the Torngat Mountains National Park:

2. What would you contribute to the Inuit Connection Program if you were a successful candidate:

3. What do you hope to learn by attending the Inuit Connection Program:

4. What is your family connection to the Torngat Mountains area? (Please list specific areas of your family history. This will be helpful with program planning):

NOTE: This program is substance and alcohol free