



Project Beyshick 2006

Canadian Beacon



Apply Online!

Application Package and Entry Guidelines

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| Check List: <input type="checkbox"/> Application Form <input type="checkbox"/> Resume
<input type="checkbox"/> Two References <input type="checkbox"/> Additional Information (optional) |
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Thank you for your interest in Project Beyshick 2006. Along with this completed application form, you should also submit your resume and two letters of reference (or a reference list with appropriate contact information). Feel free to add any additional information, which can further support your application. We encourage participants to demonstrate creativity, enthusiasm and initiative while preparing this application. If you are selected to participate, you will be required to pay a non-refundable fee of \$100 to NAN as a contribution to the project and cancellation insurance.

**** The deadline for the Application Package is Friday, June 23rd 2006!****

Completed application packages should be sent to Valerie via email, fax or mail:

EMAIL: valerie@poafoundation.org **FAX:** (416) 203-6000

MAIL: Valerie Pascale, 144 Front Street West, Suite 750, Toronto, ON M5J 2L7

General Information

Full Name of Applicant: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Postal Code: _____

Email(s): _____

Age: _____ Community: _____

Guardian's Name (if under 18 years of age): _____

Emergency Contacts

In case of emergency please provide two contacts (include relationship to you).

1. Name: _____ Relationship: _____

Address: _____

Postal Code: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Postal Code: _____

Home Phone: _____ Work Phone: _____

Educational Background

Year/grade last completed: _____

School: _____

Program of Study: _____

Personal Information

Date of Birth: _____ Sex: Male Female

Health: -Do you have any health problems that may restrict your full involvement in the project? Yes No

-Do you have any health problems that require medication? Yes No

Current Place of Employment (if applicable): _____

Supervisor's Name: _____

Contact Number(s): _____

_____ (may be contacted by the POA Foundation)

Hobbies/General Interest Activities: _____

Personal Statement

(Use extra space if necessary)

1. Give a description of yourself, emphasizing the personal characteristics you feel to be your strengths.

2. Explain your goals/plans for the future and why you have applied to participate in Project Beyshick.

3. What experience have you had in business, entrepreneurship and/or community leadership?

4. What would you like to learn through the Project Beyshick Job Shadowing program?

5. How will participating in this program help you contribute further to your current organization?
