

SK CultureXchange Program Participant Application Form

Please complete the form below if you're interested in a culturally focused mentoring experience and can commit to a two-month partnership. We look forward to having you in the program!

re you new to Saskato a. If yes, when did you b. If no, how long ha	ou arrive?		
			_
b. If no, how long ha	ve you lived in Sas	kataan?	
		Kaloon?	
irst three digits of PR	number:		
T 2: General Info	ormation		
ull Name:			
	First	Middle	Last
irthdate:		3. Country of Ori	gin:
Gender: Female	☐ Male ☐ T	wo-Spirit 🗌 Non-Bin	ary 🗌 Prefer not to say
Current Address:		City/Province	Postal Code
mail:		•	er:
T 3: Language Ir	nformation		
	ull Name:irthdate: ender:	First irthdate: ender:	First Middle irthdate: 3. Country of Ori lender: Female Male Two-Spirit Non-Bin urrent Address: Street Address City/Province mail: 7. Phone Number

PART 4: Matching

1.	What are your expectations for participating in the SK CultureXchange Program?			
2.	Why do you want to join the program?			
3.	ell us a few details about yourself (personal interests, hobbies, profession, etc.) Please include any aformation that would help us match you with a mentor.			
4.	How did you hear about us?			
P <i>F</i>	ART 5: Informed Consent			
sta	ve the Saskatchewan Intercultural Association permission to share the information in this form for tistical reporting, program monitoring and evaluation, and development of other initiatives, grams, and services.			
	☐ Yes, I agree.			
Na	me of Applicant:			
Sig	nature: Date:			

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