A WARRIORS JOURNEY Indigenous Male Initiation Program – Application Form

Program Applying For : Adult Retreat (18+) / Youth Program (13–18)

Basic Information

Full Name:
Age:
Date of Birth:
Phone:
Email:
City/Province:
Emergency Contact Name: Emergency Contact Phone:

Personal Background

1. What inspired you to apply?
2. What are you hoping to gain?
3. What challenges are you working through?
4. Previous retreats/counselling/programs?
5. What strengths do you bring to a group environment?

Health & Readiness

6. Physical limitations, injuries, or health concerns?
7. Able to participate in hiking, outdoor activity, and hands-on work? 8. Food allergies or dietary needs?
9. Medications affecting participation?

Commitment & Conduct

10. Willing to participate respectfully in all activities?
11. Willing to remain free from alcohol and non-approved substances during the program? 12. Prepared to follow safety instructions and facilitator guidance?

Final Reflection

13. Why is now the right time for this journey? 14. Anything else we should know?

Signature

Applicant Name:
Signature: Date:

Parent/Guardian (Youth Only): Name:

Signature: Date: