



NATIONAL NATIVE ADDICTIONS PARTNERSHIP FOUNDATION
NATIONAL ABORIGINAL WORKFORCE DEVELOPMENT FORUM

SPONSORSHIP APPLICATION

Personal Information

Name: _____

First Nation: _____

Place of Employment: _____

Job Title: _____

Address: _____

Street

City

Province

Postal Code

Telephone number: () _____

Fax: () _____

E-mail: _____

Estimated Requirements

Please indicate your estimated requirements:

Mileage: _____

Airfare: _____

Hotel: _____

Meals: _____

Workforce Development Experience or Training

Please list any experience or training that you have completed in addictions or wellness workforce development.

National Native Addictions Partnership Foundation Workforce Development Forum

Please describe how the National Workforce Development Forum will enhance the work you are involved in.

Please explain why you think workforce development is important in the addictions/wellness field.

Please describe your contributions to workforce development in the addictions/wellness field.

Please detail personal and work related benefits for your sponsorship to the National Workforce Development Forum.

Additional Information

Please include any additional information that you feel is important.
