

M.I.S.S.I.V.E PROGRAM APPLICATION

GENERAL INFORMATION

Name:

Date of birth (mm/dd/yy):

Address (include postal code):

E-mail:

Telephone:

EDUCATION

Program:

Languages spoken:

Volunteer/work experience

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name:

Relationship:

Telephone:

How did you hear about the M.I.S.S.I.V.E. program?

What makes you want to be a part of the M.I.S.S.I.V.E. program?

Please email back to:
Yousra.nadege.andre.ccomtl@ssss.gouv.qc.ca

HEALTH STATUS

- Specify any conditions that may limit your ability to perform certain duties: _____
- Specify any allergies or dietary restrictions: _____

List 2 **references** (other than a relative):

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Name: Relationship: Email address:	Name: Relationship: Email address:

- **What are your areas of interest / strengths / special skills?**
- **What skills or knowledge are you looking to acquire?**
- **Do you have a special talent / skill (sing, play an instrument, dance, etc.)?**
- **Anything else you'd like to tell us about yourself?**

DATE: _____

SIGNATURE: _____

Please email back to:
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