



## APPLICATION FOR MEMBERSHIP

The Indigenous Helpers Society Inc. is made up of Indigenous Peoples who have demonstrated their commitment to helping themselves and others to achieve wellness.

We are a society comprised of individuals who have developed our helping abilities through various processes including education, mentorship, and on-the-job-training. In addition, we recognize natural helpers who have used their life experiences to develop their abilities to help others and who are recognized as such by Indigenous Communities.

## VALUES

Our Indigenous cultures are the foundation upon which our values are based:

- 1. Our cultures' teachings include, but are not limited to:** faith, honesty, kindness, respect, courage, humility, sharing, harmony, balance, knowledge, wisdom, patience, humor, integrity, compassion.
- 2. Support:** We believe in supporting our Society's membership through emotional support, advocacy and networking. We believe in supporting Indigenous Peoples through education and advocacy.
- 3. Education:** We believe in educating our Society's membership, Indigenous Communities, and the general population through cultural teachings, information sharing, seminars, workshops, and conferences.
- 4. Life and People:** We believe in the sacredness and goodness of life. We are all part of Creation with unique gifts, abilities and contributions.

## PHILOSOPHY STATEMENT

As Indigenous Helpers, we believe in the sacredness and goodness of life and are guided by our cultural teachings. In following our holistic way of life, we honor the strengths of individuals, families, communities, and nations, and believe in our Peoples' gifts, abilities, and life experiences. We strive to contribute to the wellness of all through the excellence in service that stems from and is consistent with our cultural values, beliefs, and practices.

## VISION

The Indigenous Helpers Society Inc. is an inspirational, self-sustaining organization determining and supporting our own cultural ways of conduct and practice in the helping professions. All of our activities are directed to the wellness of Indigenous Peoples.



1) APPLICANT INFORMATION			
Name:			
Address		Postal Code:	
Phone:		Cell:	
Email:			
2) INDIGENOUS ANCESTRY			
<input type="checkbox"/> Ojibway / Anishinaabe	<input type="checkbox"/> Cree / Inineew	<input type="checkbox"/> Dakota	<input type="checkbox"/> Dene
<input type="checkbox"/> Oji-Cree	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	
<input type="checkbox"/> Other Indigenous		<input type="checkbox"/> Non-Indigenous Ally	
3) EMPLOYMENT			
Present Employer:		Position:	
Address:		Postal Code:	
Phone:		Cell:	
Email:		Length of Employment	
4) EDUCATION			
Name and Address of Institution:	Program:	Dates:	

**5) LIFE EXPERIENCE:** (Feel free to attach a typed outline of life experiences related to helping and healing, eg. volunteer work with youth at risk, personal experiences in healing from concerns such as addictions/abuse, etc.)

**6. PERSONAL / PROFESSIONAL DEVELOPMENT**

Training / Courses:	Date(s):	Total Days:
Volunteer Activities:	Date(s):	Total Days:



Self- Development/ Professional Development Activities:	Date(s):	Total Days:

**7) VOLUNTEERING**

Are you willing to volunteer your time and abilities to the Indigenous Helpers Society (IHS)?  Yes  
 No

Are you a trainer or facilitator?  Yes  
 No

If yes, would you be willing to deliver a presentation/workshop to Indigenous Helpers Society members?  Yes  
 No

What are the last 3 presentations/workshops you delivered?

**8) REFERENCES**

**REFERENCES:** Please provide written recommendations from 2 people who are working in the social services field and know you professionally. These references may be contacted to validate your commitment and connection and/or involvement with Indigenous communities. Please ask your references to use the Confidential Reference Form provided on pages 9-10 & 11-12.

References	Title	Address	Phone



**9) SELF DECLARATION OF AN ADULT CRIMINAL RECORD AND CHILD ABUSE REGISTRY LISTING**

✓ **Please check the following statements that apply to you.**

- I had an adult criminal conviction
- I have an adult criminal conviction
- I have outstanding criminal charges
- I am listed on the Child Abuse Registry as an offender
- I have been notified of the intent to be registered

I understand that submission of false information or omission of relevant information may result in immediate rejection of my application or my requirement to withdraw from IHSI.

**Date:**

**Signature:**

**10) ADULT CRIMINAL RECORD CHECK AND CHILD ABUSE REGISTRY CHECK**

Attached **CRIMINAL RECORD WITH VULNERABLE SECTOR CHECK:** You are required to complete a criminal record with vulnerable sector check and submit it to the Indigenous Helpers Society **dated within 3 months of your application.** The information will be treated as confidential. Any fee for this service is the responsibility of the applicant.

Attached **CHILD ABUSE REGISTRY CHECK:** You are required to complete a child abuse registry check and submit it to the Indigenous Helpers Society **dated within 3 months of your application.** The information will be treated as confidential. Any fee for this service is the responsibility of the applicant.

A criminal conviction or registration as an offender on the Child Abuse Registry will not necessarily be considered a negative factor in the application for membership process. However, if the applicant’s criminal record check identifies that the applicant has a criminal conviction or is registered on the Child Abuse Registry as an offender, the applicant will be required to participate in a personal interview or Circle.

If you have a criminal record or are listed on the child Abuse Registry please elaborate in the space below, or on an attached sheet with respect to:

- Where and when the offense(s) took place?
- The nature of the offense(s), attach transcript?
- Whether you are still fulfilling the requirements of your sentence?
- Whether you have applied for a pardon?
- Any other relevant information which may assist us in considering your membership to the IHSI?



Date:	Signature:

11) MEMBERSHIP	
Full Membership	Indigenous person with <b>at least four years of work experience</b> (either voluntary or paid), education, or direct life experience that can be substantiated and which relates to social services.
Associate Membership	Indigenous person with <b>less than four years of work experience</b> (either voluntary or paid), education, or direct life experience which relates to social services.
Ally Membership	Non-Indigenous person with <b>at least four years of work experience</b> (either voluntary or paid), education, or direct life experience that can be substantiated and which relates to social services.
Ally/Associate Membership	Non-Indigenous person with <b>less than four years of work experience</b> (either voluntary or paid), education, or direct life experience which relates to social services.
While all members are able to be actively involved and have voting privileges in the Society, Full members have the additional right to vote on matters pertaining to the Society's By-Laws.	

12. Annual Membership Fees		
Full	\$100.00	
Associate	\$100.00	
Ally	\$100.00	
Ally/Associate	\$100.00	
Student	\$50.00	Currently enrolled in an accredited University or College program: Human Resources, Social Services, or Social Work.
Corporate Rates	1 – 15	\$100.00 per member
	16 – 100	\$85.00 per member
	100+	\$75.00 per member
Annual Membership Fees will be assessed upon approval of your application and pro-rated for the first year. If the membership fee is a barrier, please contact the Indigenous Helpers Society. <b>Elders and Traditional Knowledge Keepers are welcome to join the IHSI.</b>		
11. Application Fee - \$25.00		
<b>Payment</b>		
<input type="checkbox"/> Cheque: Make cheque payable to the Indigenous Helpers Society, Inc.	<input type="checkbox"/> E-Transfer: Can be made to <a href="mailto:indigenoushelpersociety@gmail.com">indigenoushelpersociety@gmail.com</a> Password: Yvonne	<input type="checkbox"/> Cash: Please contact a Board Member if you wish to pay cash.
<b>Application Fee of \$25.00</b> is due at the time of submission of your application. Annual Membership Fees will be assessed upon approval of your application and pro-rated for the first year.		
<input type="checkbox"/> I do hereby make application to become a member of the Indigenous Helpers Society, Inc. and certify that the information provided herein is true and complete.		
<b>Date:</b>	<b>Date:</b>	
CONSENT TO RELEASE INFORMATION:		
All information collected in this application will be used for the purposes of determining eligibility for membership with the Indigenous Helpers Society, Inc. Membership information is protected by the Protection of Privacy provisions in the Freedom of Information and Protection Act. I understand that by signing the signature box below I am confirming authorization and consent to release information solely to determine eligibility for membership to IHSI and contact references.		
<b>Date:</b>	<b>Signature:</b>	

<b>OFFICE USE</b>		<b>LAST REVISION DATE:</b> May 2020	
Reviewed Date:	Reviewed by:	Eligibility:	<input type="checkbox"/> Full Membership <input type="checkbox"/> Associate Membership <input type="checkbox"/> Ally Membership <input type="checkbox"/> Ally/Associate Membership
Approved Date:	Approved by:	Application Fee:	<input type="checkbox"/> Attached <input type="checkbox"/> Pending
References Checked	Checked by:	Received:	<input type="checkbox"/> Criminal Record with Vulnerable Sector Check <input type="checkbox"/> Child Abuse Registry Check



## CONFIDENTIAL - Reference Form

You have been asked to be a reference for an applicant to the Indigenous Helpers Society Inc. (IHSI). Please use this form to provide your Reference. This Reference can be returned to the applicant or mailed directly to: **Membership Committee Chair, P.O.Box 44091, Redwood Centre Postal Outlet, Winnipeg, MB., R2W 5M3**

**DEADLINE:** References must be submitted at the time of application!

References are used to assist the IHSI to determine eligibility for membership selection. The information supplied by you will remain confidential.

Name of the applicant for whom you are a reference:

How would you best describe the candidates performance in the following areas: Please comment on, and **GIVE EXAMPLES** of the applicant's ability to demonstrate:

- a. Ability to relate to others (i.e. colleagues, peers, clients, community, etc.)
- b. Ability to relate appropriately to different cultures, lifestyles, income levels, etc.
- c. Communication skills: (written, verbal and non-verbal)
- d. Critical thinking and judgement
- e. Reaction to stress or difficulty in unclear situations
- f. Honesty and accountability

- g. Ability to take initiative and motivation
- h. Evidence of commitment to social work and/or the helping field
- i. Evidence/demonstration of working knowledge, awareness and understanding of historical and contemporary colonial impacts and social injustices
- j. Please comment on any limitations that might affect this person in a professional association.
- k. Anything else you think would be important for us to know?

Your Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Organization (if any) \_\_\_\_\_ Phone #: \_\_\_\_\_

Your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant?  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE LETTERS MUST BE SIGNED**



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Position: \_\_\_\_\_

Name of Organization (if any) \_\_\_\_\_ Phone #: \_\_\_\_\_

Your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant?  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE LETTERS MUST BE SIGNED**



## APPLICANT CHECKLIST

The Indigenous Helpers Society Inc. is welcoming new applications for membership. Please read all the material carefully and complete the application form thoroughly. **Please use black ink.**

✓ **Applicant Checklist:**

- I have answered each question fully and legibly.
- I have completed the volunteer section of the application.
- I have completed the relevant information pages regarding an Adult Criminal Record and Child Abuse Registry listing. I understand that copies of CRC/CARC reports cannot be accepted. I understand that my reports cannot be older than 3 months. I understand that acceptance to the IHSI is conditional upon the receipt of CRC/CARC reports.
- I have included 2 references from people who know me and can speak about my strengths, abilities and skills and how they relate to the profession of social work.
- I have included a \$25.00 non-refundable admission fee, which will be applied to my first year's \$100.00 Membership fee, if I am eligible for admission.
- I have signed the Consent to Release of Information section.
- I have signed the self-declaration sections

Please submit your application to:

By Mail	<b>Membership Committee Chair, P.O.Box 44091, Redwood Centre Postal Outlet, Winnipeg, MB. R2W 5M3</b>
	or
Email	<a href="mailto:indigenoussociety@gmail.com" style="color: blue; text-decoration: underline;">indigenoussociety@gmail.com</a> <b>Attention: Membership Committee Chair</b>