PARTICIPANT REGISTRATION FORM

Ontario Coalition of Indigenous Peoples (OCIP)

Ayamiha-StoryTelling Inc.

Email to: lindaverreault@hotmail.com OR Ayamiha-Storytelling@outlook.com

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A. PARTICIPANT INFORMATION

Name: _____

Preferred Name (optional): _____

Pronouns: _____

Email:

_____

Phone:

_____

City / Region: _____

OCIP Member? ☐ Yes ☐ No ☐ Friend/Ally

B. PARTICIPATION TYPE (check all that apply)

☐ I would like to participate in a confidential Zoom interview
☐ I would like to complete the anonymous survey
☐ I am open to being contacted for follow-up questions
☐ I prefer to share written testimony instead of speaking

C. HOW DO YOU IDENTIFY? (optional, choose any)

☐ Indigenous woman
☐ Indigenous girl (with guardian consent)
☐ Two-Spirit / 2S+
☐ Survivor of violence
☐ Family of MMIWG2S+ loved one
☐ Advocate or frontline worker
☐ Elder
☐ Youth (under 25)
☐ Other: _____

D. SUPPORT NEEDS (optional)

Do you require any of the following to participate?
☐ Trauma-informed support
☐ Cultural support / Elder presence
☐ ASL / language interpretation
☐ Flexible scheduling
☐ Other accommodations: _____

E. CONSENT

By signing below, I consent to participate in the MMIWG2S+ Action Plan and Safety & Well-Being Project led by OCIP and Ayamiha-StoryTelling Inc. I understand my participation is voluntary and confidential.

Signature: _____

Date: _____