



COMMITTEE APPLICATION

M'CHIGEENG FIRST NATION

BOARD OF DIRECTORS APPLICATION FORM

NAME:	HOME PHONE:
ADDRESS:	E-MAIL ADDRESS:
BAND NUMBER:	CELL PHONE:

*EMPLOYMENT/SCHOOL

*PRESENT EMPLOYER (OR LAST):	
*POSITION/OCCUPATION:	NO. OF YEARS:
*SCHOOL ATTENDING:	GRADE:

PLEASE INDICATE THE COMMITTEE AND BOARD TO WHICH YOU HAVE SERVED ON IN THE PAST? OR, CURRENTLY? And please indicate number of years served on the respective committee.

<input type="checkbox"/> Audit and Governance	_____ number of years	
<input type="checkbox"/> Health and Wellness	_____ number of years	
<input type="checkbox"/> Community Infrastructure	_____ number of years	
<input type="checkbox"/> Education and Training	_____ number of years	
<input type="checkbox"/> Membership	_____ number of years	
<input type="checkbox"/> Drug Strategy	_____ number of years	
<input type="checkbox"/> Shen'dwin Teg Gaming Commission	_____ number of years	
<input type="checkbox"/> Boards _____	_____ number of years	

PLEASE INDICATE THE COMMITTEES TO WHICH YOU ARE INTERESTED IN APPLYING FOR BY DESIGNATING THEN IN ORDER OF PREFERENCE (1,2,3,4, etc.)

_____ Audit and Governance	_____ Health and Wellness
_____ Community Infrastructure	_____ Education and Training
_____ Membership	_____ Drug Strategy
_____ Shen'dwin Teg Gaming Commission	
	GROCERY STORE BOARD OF DIRECTORS
HIAH BOARD OF DIRECTORS	MERE BOARD OF DIRECTORS

WOULD YOU BE AVAILABLE FOR EVENING MEETINGS? Yes No

ARE YOU AVAILABLE FOR MEETING DURING BUSINESS HOURS (MON-FRI 8 – 4:30 pm) Yes No

Deadline for Applications – FRIDAY, JUNE 5, 2020

EXPERIENCE

PLEASE OUTLINE YOUR EXPERIENCE AND ACTIVITIES IN BUSINESS, LABOUR, PROFESSIONAL, SOCIAL, VOLUNTEER OR OTHER ORGANIZATIONS, TECHNICAL TRAINING, AND/OR SKILLS WHICH QUALIFY YOU FOR AN APPOINTMENT TO A COMMITTEE(S).

SKILLS, TRAINING AND EDUCATION

SKILLS:

TRAINING:

EDUCATION:

I confirm that I am over the age of 18 years, and I am a band member of M'Chigeeng First Nation and certify that the information in this application are true, complete to the best of my knowledge.

SIGNATURE OF APPLICANT

PRINT NAME

DATE

CRIMINAL RECORD CHECK are necessary, your application will not be considered without this. **Please submit your CRC in a separate sealed envelope marked "CRC"** After receipt of your CRC you will be reimbursed.

Attached original/certified copy(30 days current): Original Certified copy

PLEASE MAIL/DROP OFF APPLICATION TO:

**M'Chigeeng First Nation Chief and Council
c/o CAO,
P.O. Box 333, 53 Hwy 551, M'Chigeeng, ON P0P 1G0,
Phone: 705-377-5362 Fax: 705-377-4980
Office hours of 8:00 a.m. – 4:30 p.m., Mon to Fri.**

FOR OFFICE USE ONLY:

DATE RECEIVED _____ TIME RECEIVED _____ CRC Attached: _____