



APPLICATION FORM

M'CHIGEENG FIRST NATION

ADVISORY GROUP 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 ADVISORY GROUP YOU WISH TO BE A PART OF: Ranking your choices

<input type="checkbox"/> Audit and Finance	
<input type="checkbox"/> Health and Wellness	
<input type="checkbox"/> Community Infrastructure	
<input type="checkbox"/> HUB, Employment & Training	
<input type="checkbox"/> Education	

Please indicate why you wish to be a part of this Advisory Group:

Note: Employees of M'Chigeeng First Nation shall not be appointed to an Advisory Group to which falls within their sector of employment

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

EXPERIENCE

Please outline your experience and activities in previous committees, business, labour, professional, social, volunteer, education or other organizations, technical training and or skills which make you an ideal candidate for the Advisory Group you are applying for (can be bullet style).

SKILLS

Please provide additional skills that you have that will contribute to the Advisory Group:

I confirm that 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

PLEASE MAIL/DROP OFF APPLICATION TO:

**M'Chigeeng First Nation Chief and Council
P.O. Box 333, 53 Hwy 551, M'Chigeeng, ON P0P 1G0,
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 _____