



# BOARD OF DIRECTORS APPLICATION

M'CHIGEENG FIRST NATION

## BOARD OF DIRECTORS APPLICATION FORM

NAME:		HOME PHONE:	
ADDRESS:		PERSONAL 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 BOARD WHICH YOU ARE INTERESTED IN APPLYING FOR BY DESIGNATING THEN IN ORDER OF PREFERENCE (1,2,3,4, etc.)			
_____ GROCERY STORE BOARD OF DIRECTORS			
_____ HIAH BOARD OF DIRECTORS		_____ MERE BOARD OF DIRECTORS	
WOULD YOU BE AVAILABLE FOR EVENING MEETINGS? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ARE YOU AVAILABLE FOR MEETING DURING BUSINESS HOURS (MON-FRI 8 – 4:30 pm) Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Deadline for Applications – OPEN UNTIL FILLED**

**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

**PLEASE MAIL/DROP OFF APPLICATION TO:**

HIAH CORP.  
c/o DAINA STEVENS, ADMINISTRATIVE ASSISTANT  
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.

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**FOR OFFICE USE ONLY:**

DATE RECEIVED \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_