



COMMITTEE APPLICATION FORM

≡ Your Voice. Your Community. Your Future. ≡

BE A LEADER. MAKE A DIFFERENCE.

PLEASE COMPLETE ALL SECTIONS CLEARLY AND PRINT LEGIBLY.



1. PERSONAL INFORMATION

Full Name: _____
Address: _____

Email Address: _____
Phone (Home): _____
Cell Phone: _____
Band Number: _____



2. EMPLOYMENT / EDUCATION

Employer: _____
Position: _____
Years of Service: _____
School (if applicable): _____
Program / Grade: _____



3. COMMITTEE EXPERIENCE

Please describe any previous committee, board, volunteer, leadership, or governance experience.



4. COMMITTEE PREFERENCES

Please rank your preferred committees from 1 (most preferred) to 5 (least preferred).

COMMITTEE	RANK
Finance	_____
Health & Wellness	_____
Community Infrastructure	_____
Education	_____
Citizenship	_____



5. AVAILABILITY

Available for Evening Meetings?
 Yes No

Available During Business Hours?
 Yes No



6. EXPERIENCE SUMMARY

Please describe your experience, interests, and reasons for applying.



7. SKILLS, TRAINING & EDUCATION

Skills: _____
Training: _____
Education: _____



8. DECLARATION

I confirm that I am over the age of 18 years and am a Band Member of M'Chigeeng First Nation. I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: _____
Print Name: _____
Date: _____



SUBMISSION INFORMATION

DEADLINE: June 30, 2026 at 4:00 PM
EMAIL: communications@mchigeeng.ca
DROP-OFF: M'Chigeeng First Nation Administration Office



NEED MORE INFORMATION?

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Stronger Together. Building Tomorrow. Get Involved!