



Council of Yukon First Nations
 2166 2nd Avenue
 Whitehorse, Yukon Y1A 4P1
 Tel: (867) 393-9236 Fax: (867) 668-6577

APPLICATION FOR BOARD NOMINATIONS

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 Applicant Name: _____ Date: _____ Gender: _____
 Age Category: Youth 18 to 30yrs: ____
 Street Address: _____
 P.O. Box No. _____ City/Town: _____
 Territory/Province: _____ Postal Code: _____
 Telephone: (W) _____ (H) _____ Fax: _____
 Email: _____
 Beneficiary ___ Non-Beneficiary ___ First Nation: _____
 Occupation: _____

WHICH BOARDS ARE YOU INTERESTED IN SERVING ON?

(If applying for more than one board, indicate your preference.)

<input checked="" type="checkbox"/>	UFA Boards, Committees, Commissions & Councils:	<input checked="" type="checkbox"/>	Government Boards:
	Yukon Heritage Resources Board		Yukon Municipal Board
	Yukon Land Use Planning Council		Yukon College Board of Governors
	Yukon Fish & Wildlife Management Board		Porcupine Caribou Management Board
	Dispute Resolution Board		Yukon Hospital Corporation Board of Trustees
	Yukon Environment & Socio-economic Assessment Board		Judicial Council
	Training Policy Committee		Yukon Legal Services Society
	Yukon Geographical Place Names Board		Yukon Development Corporation Board of Directors
	Yukon Water Board		Yukon Historic Resources Appeal Board
	Yukon Salmon Committee		Education Appeal Tribunal
	Yukon Surface Rights Board		Teacher Certification Board
	Other Boards:		Yukon Police Council
	Mackenzie River Basin Board		
	Solid Waste Advisory Committee		

Specific/Other Boards: _____

Are you familiar with the Umbrella Final Agreements? YES _____ NO _____

Are you willing to undertake training to learn the Agreements? YES ___ NO _____

In the selection process, can we share your application and resume with Yukon First Nations? YES ___ NO ___

Are you currently sitting on Chief and Council? YES ___ NO ___

Can you provide a criminal record check if requested? YES _____ NO _____

Are you currently employed? YES _____ NO _____

If yes, can you please attach a letter from that employer supporting your nomination? YES ___ NO _____

How did you hear about these board vacancy's? CYFN Website ___ A phone call from CYFN ___ Poster ___ Newspaper ___ E-mail ___ Other ___

Any other comments:

Applicant Signature: _____

Date: _____

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*****PLEASE ATTACH RESUME WITH APPLICATION FORM*****

Receive Date: _____ Complete Review _____ Decision:

For more information: Ann Marie Swan, CYFN Boards & Committees Coordinator (867) 393-9236 or annmarie.swan@cyfn.net