QUESTIONNAIRE:

Why do you wish to be a member of the **Board of Education**?

Provide education background and related experience in this area.

What community involvement have you had that will help you in this Committee/Board work?

Please list previous Committee/Board experience that you have had.

Do you have knowledge of Committee/Board functions and their operations? □ Yes □ No
Are you willing to attend related workshops? □ Yes □ No

Print Name Signature Date

CONTACT INFORMATION

Full Name: _____ **Email:** _____

Address: _____ **Phone:** _____

CONSENT AND RELEASE OF INFORMATION

I, _____ hereby consent to the collection, disclosure and use of my personal information that is:

1. Relevant to my request to Chief and Band Council that will assist them in making an informed decision as it pertains to my application for Board of Education appointment.
2. The forwarding of my information to relevant programs within and outside of The Chippewas of Nawash that will provide further confirmation/verification of my information and/or my eligibility for appointment from Chief and Council.

Further, I authorize any discussion should the Executive Assistant's office require to do so with other programs, in order to gather/confirm/verify this information.

This authorization shall become null and void once Council has considered my application and arrived at a decision or I revoke such in writing with the Executive Assistant's Office.

Band Member Signature Date

Status # Telephone #/Email