

# Seabird Island Election Code Review Committee

## *Application Form*

### Applicant Information

**Full Name:**

**Address:**

**Phone Number:**

**Email Address:**

**Date of Birth:**

**Age**

Youth (18-25)

Adult (26-64)

Elder (65+)

**Gender:**

Male

Female

**Group:**






### Eligibility Criteria

1. Are you a community member of Seabird Island?

Yes

No



2. Are you currently an employee of the Seabird Island Band?

Yes

No



➤ If yes, please specify your department or directorate:

### Background Information

1. Please provide a brief description of your background, experience, and qualifications relevant to this committee:

2. Why are you interested in being a part of this committee?

3. Have you been on any Seabird committees before? If yes, please provide details:

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**Commitment**

Are you able to attend regular committee meetings, which may occur during business hours or evenings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you able to commit additional time for subcommittee work or special projects as needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**References**

Reference 1	Reference 2
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	<b>Email Address:</b>

**Declaration**

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements or omissions may disqualify me from consideration for the committee.

<b>Signature:</b>  X	<b>Date:</b>  
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Please submit this completed form at the Seabird Island Band reception desk, or by email to [policy@seabirdisland.ca](mailto:policy@seabirdisland.ca)