

BOARDS AND COMMITTEES APPLICATION FORM

Boards and Committees Secretariat P.O. Box 2703, CM-1, Whitehorse, Yukon Y1A 2C6 Toll free 1-800-661-0408 • Email: Boards.Committees@gov.yk.ca

Legal first name	Middle name	Last name
Mailing address		
Phone (day)	Email	
I am interested in serving on the follo	wing boards or committee	es:
1	4	
2	5	
3 6		
See our webpage for a list of boards and	d committees www.eco.gov	vyk.ca/boards-committees.html
Résumé: Provide a brief résumé that co wish to serve.	ontains information that is re	elevant to the boards and committees on which you
Yukon society, including gender, age, Firs	t Nations people, youth, visib	ship on boards and committees that is representative of ole minorities and people with disabilities. Your responses to these self-identification questions are voluntary.
Age: 18-34 35-49 Gend	der (may differ from sex assigned at	birth) Languages spoken (other than English)
Do you self-identify as:		
☐ An indigenous person?	□Inuit □	Metis
☐ A Yukon First Nations person?	Name of Yukon	First Nation:
☐ A person with a disability?		
A member of a visible minority group	%? Which group? _	
A member of an ethnic or cultural mino	rity group? Which group? _	
A member of Yukon's francophone c	ommunity?	
Committees Secretariat, the Minister responsible for the Landidates for appointment to a Yukon board or committee.	poard or committee and/or by an all-par ee. The information will only be used, re or questions about the use, collection an	n and Protection of Privacy Act. It may be used by staff of the Boards and rty committee of the Legislative Assembly to evaluate the suitability of stained and disclosed in accordance with the provisions of the Access to d disclosure of your personal information, please contact the Boards and ds.committees@gov.yk.ca.
I understand and consent to the use of organizations being contacted.	my personal information for	r the above-noted purposes. I also consent to named
Signature of applicant*: *If submitting electronically, type your full name on the state of the state		Date:in lieu of a signature.