



Sq'ewqel (Seabird Island)

P.O. Box 650 | 2895 Chowat Rd. | Agassiz, BC | V0M 1A2

Phone: 604-796-2177 | Fax: 604-796-3729

www.seabirdisland.ca

SELF-GOVERNANCE STEERING COMMITTEE MEMBERSHIP APPLICATION FORM

Applicant Information:

Full Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____

Age Group: Youth (18-29) Adult (30-64) Elder (65+)

Gender: Male Female Other: _____

Eligibility Criteria:

1. Are you a registered Band Member of Sq'ewqel (Seabird Island Band)? Yes No

2. Are you currently an employee of Sq'ewqel (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 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 No

Are you able to commit additional time for subcommittee work or special projects as needed?

Yes No

References:

Reference 1

Reference 2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

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.

Signature:

Date:

Note: Please submit this completed form (along with a short letter describing why you would be a good fit for the committee) to the Band Office reception, or by email at self-governance@seabirdisland.ca.