



# BOARDS AND COMMITTEES APPLICATION

Boards and Committees Secretariat  
P.O. Box 2703, CM-1, Whitehorse, Yukon Y1A 2C6  
Toll free 1-800-661-0408 • Email: [Boards.Committees@yukon.ca](mailto:Boards.Committees@yukon.ca)

The name provided is my  preferred name\*  legal name

First name	Middle name	Last name
Mailing address		
Phone (day)	Email	Pronouns <input type="checkbox"/> Preferred pronouns _____

\*If you provided your preferred name, we may contact you for your legal name for tax purposes.

### I am interested in serving on the following boards or committees:

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

See full list here: [yukon.ca/en/find-board-committee](http://yukon.ca/en/find-board-committee)

**Resume:** Provide a brief resume that contains information that is relevant to the boards and committees on which you wish to serve.

**Self-identification:** The Yukon government is committed to membership on boards and committees that is representative of Yukon society, including gender, age, Indigenous people, youth, racialized groups and people with disabilities. Your responses to these questions will help us meet this commitment. Your responses to these self-identification questions are voluntary.

Age: <input type="checkbox"/> 18-34 <input type="checkbox"/> 35-49 <input type="checkbox"/> 50-65 <input type="checkbox"/> 65+	Gender	Languages spoken (other than English)
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Do you self-identify as:

<input type="checkbox"/> An Indigenous person?	<input type="checkbox"/> Inuit	<input type="checkbox"/> Métis	<input type="checkbox"/> First Nation	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> A Yukon First Nations person?	Name of Yukon First Nation: _____			<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> A person with a disability?				<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> A member of a racialized group?	Which group? _____			<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> A member of an ethnic minority group?	Which group? _____			<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> A member of Yukon's Francophone community?				<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> A member of 2SLGBTQIA+ communities?				<input type="checkbox"/> Prefer not to say

I understand and consent to the use of my personal information for the above-noted purposes. I also consent to named organizations being contacted.

Signature of applicant\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If submitting electronically, type your full name on the line above. This will be accepted in lieu of a signature.

The personal information is being collected pursuant to section 15(c)(i) of the *Access to Information and Protection of Privacy Act*. It may be used by staff of the Boards and Committees Secretariat, the Minister responsible for the board or committee and/or by an all-party committee of the Legislative Assembly to evaluate the suitability of candidates for appointment to a Yukon board or committee. The information will only be used, retained and disclosed in accordance with the provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the use, collection and disclosure of your personal information, please contact the Boards and Committees Secretariat at (867) 393-7477 or toll free at 1-800-661-0408, or by e-mail to [boards.committees@yukon.ca](mailto:boards.committees@yukon.ca).