



FIRST NATION SCHOOL BOARD (FNSB) CANDIDATE NOMINATION PAPER

Starting **Monday, October 17, 2022**, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

CANDIDATE INFORMATION					
Candidate name	Last name		First Name		Middle Name
Name to appear on the ballot					
Residential Address	Street #	Street Name		Unit #	City/Town Postal Code
Mailing Address (if different)					
Contact (check preferred contact)	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Alternate Phone (if applicable)	<input type="checkbox"/> Email		

DECLARATION OF CANDIDATE ELIGIBILITY AND CONSENT (to be completed in the presence of the authority witnessing)							
I, _____	declare that						
Print full name of candidate							
I am a Canadian citizen, at least 18 years of age, and that my qualifications as an elector for the First Nation School Board is/are <i>(select all that apply)</i>							
<input type="checkbox"/>	Residency: I am a member* or entitled to be a member of a Yukon First Nation <u>and</u> my ancestral language is the First Nation language indicated below <u>and</u> I will be a Yukon resident for a minimum of three months as of polling day:						
* Member means a citizen of a Yukon First Nation, a beneficiary of a Yukon First Nation land claim, or a member under the <i>Indian Act</i> of a Yukon First Nation.							
<input type="checkbox"/>	Gwitchin	<input type="checkbox"/>	Kaska	<input type="checkbox"/>	Southern Tutchone	<input type="checkbox"/>	Tlingit
<input type="checkbox"/>	Hän	<input type="checkbox"/>	Northern Tutchone	<input type="checkbox"/>	Tagish	<input type="checkbox"/>	Upper Tanana
AND/OR							
<input type="checkbox"/>	Attendance: I am a parent** of a student attending a school operated by the First Nation School Board						
** Parent means biological or adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child.							
and I consent to my nomination as a candidate in the election of trustees of the First Nation School Board.							
_____ Signature of candidate							

AUTHORITY WITNESSING THE DECLARATION			
Declared before me, _____		_____	
Print the Full Name of the Person Witnessing the Declaration		Title of the Person Witnessing the Declaration	
_____	_____	_____	_____
City/Town/Village Witnessed	Signature of Election Official / Yukon First Nation Chief or Deputy Chief / Notary Public	Date	Phone (if not an Election Official)

FIRST NATION SCHOOL BOARD (FNSB) CANDIDATE NOMINATION PAPER

ELECTOR DECLARATION FOR CANDIDATE NOMINATION

We the undersigned, as qualified electors for the First Nation School Board (as per declaration on page 1), nominate

_____ as a candidate in the election of trustees to the First Nation School Board.

Print Full Name of Candidate

#	Name of Nominating Elector	Address	Signature
1			
2			
3			
4			
5			

DECLARATION OF WITNESS TO SIGNATURES

I, _____ of _____
Witness name Address

declare that I witnessed the signing of this nomination form by the electors listed above.

Signature of witness to signatures Date

Note: nominations require a minimum of three signatures from qualified electors. A witness to all the signatures submitted is required. The person being nominated may be a witness.

Starting **Monday, October 17, 2022**, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

NOMINATION SUBMISSION (THIS SPACE FOR ELECTIONS YUKON USE ONLY)

Statement of ineligibility n/a yes Receipt issued

Accepted by: _____
Election Official Accepting the Nomination Form Signature of Election Official Accepting the Nomination Form Date and Time

Approved by: _____
Election Official Approving the Nomination Form Signature of Chief Electoral Officer / Assistant Chief Electoral Officer /
Chief Returning Officer Date and Time

Once approved, the candidate will be notified and their name will be posted to ElectionsYukon.ca as a candidate seeking election.

COMPLETING THE NOMINATION FORM

A sample of a Nomination Paper is attached to help you complete your Nomination Paper to ensure that it is accepted by the Returning Officer when you file. You should read these instructions before you fill in the Nomination Paper.

ELECTIONS FIRST NATION SCHOOL BOARD (FNSB) CANDIDATE NOMINATION PAPER					
Starting Monday, October 17, 2022, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca					
CANDIDATE INFORMATION					
Candidate name	Last name	First Name	Middle Name	1	
Name to appear on the ballot	2				
Residential Address	Street #	3	Street Name	Unit #	City/Town Postal Code
Mailing Address (if different)	4				
Contact (check preferred contact)	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Alternate Phone (if applicable)	<input type="checkbox"/>	5	Email
DECLARATION OF CANDIDATE ELIGIBILITY AND CONSENT (to be completed in the presence of the authority witnessing)					
I, _____ 6 declare that					
Print full name of candidate					
I am a Canadian citizen, at least 18 years of age, and that my qualifications as an elector for the First Nation School Board is/are (select all that apply)					
<input type="checkbox"/> Residency: I am a member* or entitled to be a member of a Yukon First Nation and my ancestral language is the First Nation language indicated below and I will be a Yukon resident for a minimum of three months as of polling day:					
* Member means a citizen of a Yukon First Nation, a beneficiary of a Yukon First Nation land claim, or a member under the Indian Act of a Yukon First Nation.					
<input type="checkbox"/> Gwitchin		<input type="checkbox"/> Kaska		<input type="checkbox"/> Southern Tutchone	
<input type="checkbox"/> Hän		<input type="checkbox"/> Northern Tutchone		<input type="checkbox"/> Tlingit	
				<input type="checkbox"/> Upper Tanana	
AND/OR					
<input type="checkbox"/> Attendance: I am a parent** of a student attending a school operated by the First Nation School Board					
** Parent means biological or adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child.					
and I consent to my nomination as a candidate in the election of trustees of the First Nation School Board. 7					
_____ Signature of candidate 8					
AUTHORITY WITNESSING THE DECLARATION					
Declared before me, _____ 9					
Print the Full Name of the Person Witnessing the Declaration					
Title of the Person Witnessing the Declaration					
City/Town/Village Witnessed	Signature of Election Official / Yukon First Nation Chief or Deputy Chief / Notary Public	Date	Phone (if not an Election Official)		

INSTRUCTIONS

1. Print full name – last, middle, and first name.
2. Print the name to be used on public notices; this should be the name you use in the community or are commonly known by.
3. Print your physical address.
4. Print your mailing address (if different).
5. Include your contact information for use by the Returning Officer and Elections Yukon. Indicate which should be used as your primary contact.
6. Print your name in full.
7. Read the “Declaration of Candidate Eligibility and Consent” and place a checkmark beside the eligibility criteria which qualify you as an elector for the First Nation School Board.
8. Sign in the presence of the Election Official, First Nation Chief or Deputy Chief, or a Notary Public, to confirm your eligibility and your consent to be nominated as a candidate.
9. To be signed and dated by the Election Official, First Nation Chief or Deputy Chief, or a Notary Public.

ELECTIONS YUKON FIRST NATION SCHOOL BOARD (FNSB)
CANDIDATE NOMINATION PAPER

ELECTOR DECLARATION FOR CANDIDATE NOMINATION

We the undersigned, as qualified electors for the First Nation School Board (as per declaration on page 1), nominate _____ as a candidate in the election of trustees to the First Nation School Board.

Print Full Name of Candidate 10

#	Name of Nominating Elector 11	Address	Signature 12
1			
2			
3			
4			
5			

DECLARATION OF WITNESS TO SIGNATURES

I, _____ of _____
Witness name Address
 declare that I witnessed the signing of this nomination form by the electors listed above. 13

Signature of witness to signatures Date

Note: nominations require a minimum of three signatures from qualified electors. A witness to all the signatures submitted is required. The person being nominated may be a witness.

Starting Monday, October 17, 2022, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

NOMINATION SUBMISSION (THIS SPACE FOR ELECTIONS YUKON USE ONLY)

Statement of ineligibility n/a yes Receipt issued

Accepted by: _____ 14
Election Official Accepting the Nomination Form Signature of Election Official Accepting the Nomination Form Date and Time

Approved by: _____
Election Official Approving the Nomination Form Signature of Chief Electoral Officer / Assistant Chief Electoral Officer / Chief Returning Officer Date and Time

Once approved, the candidate will be notified and their name will be posted to ElectionsYukon.ca as a candidate seeking election.

- ### INSTRUCTIONS (Cont'd)
10. Print your name as the candidate.
 11. Print the name and physical residential address of each elector making a nomination. Electors must be qualified to vote in the School Board election to nominate a candidate.
 12. Nominating electors must sign the form in the presence of the person collecting the nominations.
 13. Complete with the name, address and signature of the person who witnessed the signatures of the nominating electors. If you, as a candidate, were present when your Nomination Paper was signed by the nominating electors, you may be the witness to their signatures.
 14. To be completed and signed by the Election Official accepting the nomination paper, and then by the Election Official at Elections Yukon who approves your nomination. You will be notified once your nomination has been approved.

**STATEMENT OF INELIGIBLE CANDIDATE
SCHOOL BOARD ELECTION**



**DÉCLARATION D'INÉLIGIBILITÉ
D'UN CANDIDAT OU D'UNE CANDIDATE
À UN POSTE DE COMMISSAIRE**

I,
Je,

Name of Candidate/Nom du candidat ou de la candidate

of
habitant au

Address/Adresse

a candidate for trustee for the
candidat ou candidate à un poste de commissaire pour la

School Board/Commission scolaire

declare that I am ineligible as a candidate for election to trustee of the School Board named above pursuant to section 151 (1)(e) of the *Education Act*.

If elected, I will divest the grounds of ineligibility within 30 calendar days of polling day. I make this statement knowing it is of the same force and effect as if made under oath.

I understand that, if elected, and if I fail to divest the grounds for ineligibility within 30 calendar days of polling day, I am guilty of an offence under the Education Act and subject to penalty, and that my election as a trustee is void.

déclare que je suis inéligible en tant que candidat/candidate à l'élection au poste de commissaire de la commission scolaire nommée ci-dessus, conformément à l'alinéa 151 (1)(e) de la *Loi sur l'éducation*.

Si je suis élu/élue, je me départirai des motifs d'inéligibilité dans les 30 jours civils suivant le jour du scrutin. Je fais la présente déclaration en sachant qu'elle a la même force et le même effet que si elle était faite sous serment.

Je comprends que si je suis élu/élue et que si je ne me défais pas des motifs d'inéligibilité dans les 30 jours civils suivant le jour du scrutin, je suis coupable d'une infraction à la Loi sur l'éducation et passible d'une sanction et que mon élection comme commissaire est nulle.

Signature of candidate/Signature du candidat ou de la candidate

Date

Accepted by
Accepté par

Signature of Election Officer/Signature du directeur ou de la directrice du scrutin

Date

**APPOINTMENT OF CANDIDATE'S AGENT
SCHOOL BOARD ELECTIONS**



**NOMINATION DE L'AGENT OU DE L'AGENTE D'UN
CANDIDAT OU D'UNE CANDIDATE À LA
COMMISSION SCOLAIRE**

I, _____ appoint
Je, _____ nomme
Candidate name/Nom de candidat ou de la candidate Name/Nom

of
habitant au _____
Address/Adresse

to act as my agent and to represent me at the polling location in the election of trustees for the:
comme agent ou agente pour me représenter au bureau de vote pour l'élection des commissaires de la : _____
School Board/Commission scolaire

Signature of candidate/Signature du candidat ou de la candidate

OATH/SERMENT

To be completed in presence of Election Officer/Doit être rempli et signé en présence d'un membre ou d'une membre du personnel électoral

I,
Je, _____
Name of agent/Nom de l'agent ou de l'agente

Swear (or affirm) that:

- In representing the candidate at a polling location, I will maintain and aide in maintaining the secrecy of the vote
- I will act on direction from the Election Officer

Jure (ou déclare solennellement) ce qui suit :

- En représentant le candidat ou la candidate dans un bureau de vote, je conserverai et aiderai à conserver le secret du vote
- J'agirai selon les directives du personnel électoral

Signature of agent/Signature de l'agent ou de l'agente Date

Sworn (or affirmed) before me/Déclaré sous serment (ou solennellement) devant moi à

Location/Lieu Signature of Election Officer/Signature du ou de la membre du personnel électoral Date