

## Community Advisory Boards Application Form

To express your interest in joining a Community Advisory Board, please submit your completed application and résumé to the Director of Corrections through any of the following methods:

- a) In person: at the front-desk of one of the correctional facilities in Yellowknife, Hay River or Fort Smith.
- b) Email: corrections@gov.nt.ca
- c) Fax: (867) 873-0299
- d) Mail: Director, Corrections Service, 5th floor, Courthouse, 4903-49th Street PO BOX 1320 Yellowknife, NT X1A 2L9

First Name:	Last Name:	
Current Mailing Address:		
Phone:	Email:	
Please select which Community Advisory Board you wish to be considered for:		
☐ Yellowknife	☐ Fort Smith	
☐ Hay River		
Résumé: Please provide a brief résumé to support your application to be part of a Community Advisory Board		
<b>Self-identification:</b> The Department of Justice is committed to membership on Community Advisory Boards that is representative of the people we serve in the Northwest Territories (NWT). As outlined in the <i>Corrections Act</i> , each Community Advisory Board will consist of up to five members, at least two of whom must be Indigenous peoples of the NWT. Your responses to these questions will help ensure membership of each Community Advisory Board is representative of the population of the NWT and meets the requirements of the <i>Corrections Act</i> . Please note that you must be 18 years of age or older to apply.		
Age: □ 18-34 □ 35-49 G	sender:(please fill in the blank)	
□ 50-65 □ 65+		
The Corrections Act provides that "Indigenous people subsection 35(2) of the Constitution Act, 1982.		
Justice pursuant to section 40(c)(i) of the <i>Access to</i> of evaluating the suitability of candidates for appointment be used, retained and disclosed in accordance with the p	Government of the Northwest Territories' Department of Information and Protection of Privacy Act for the purpose to a Community Advisory Board. The information will only provisions of the Access to Information and Protection of Privacy and disclosure of your personal information, please contact the	

Director of Corrections at (867) 767-9263 or by email at corrections@gov.nt.ca.

By signing below, I authorize and consent to the collection and use of my personal information for the above-noted purpose and understand that any references that I provide may be contacted for this purpose.		
I certify that the information I have given on this application is true and accurate.		
Signature of applicant*:	Date:	

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