

**EXPRESSION OF INTEREST – BOARD OF DIRECTORS:  
NORTH BAY INDIGENOUS HUB - GIIWEDNO MSHKIKIIWGAMIG**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**Indigenous Self-Identification – Please check one.**

- Dokis First Nation
- Nipissing First Nation
- Temagami First Nation
- Urban Indigenous – North Bay Area
- Other – Please describe

**Please check all of the following that apply.**

**I consider myself an/a...**

- Elder
- Traditional knowledge keeper
- Youth (18-24)
- Senior
- Health care patient/client
- Parent (of child 0-12)
- Indigenous health expert
- Indigenous education expert

**KNOWLEDGE AND SKILLS CHECKLIST - Please check all that apply.**

**I bring the following knowledge and/or skills:**

- Strategic planning
- Traditional healing
- Seniors care
- Health information technology
- Child development and education
- Human resources management
- Financial management
- Legal
- Organization start-up
- Building renovations
- Risk management
- Quality improvement
- Performance monitoring
- Community relations
- Non-profit Board experience – Please describe
- Other – Please specify

**Please tell us a little about yourself by completing the following sentence:**

**I am interested in being considered for the board because... (Please attach additional page if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I would be interested in:**

- A 2-year term
- A 3-year term
- Either of the above

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE SUBMIT APPLICATIONS BY MAIL, EMAIL OR FAX:**

MAILING ADDRESS: Board Application –North Bay Indigenous Hub - Giiwedno Mshkikiiwgamig  
c/o Board of Directors

3-B Maang Road, Nipissing  
NORTH BAY, ON P1B 8G5

EMAIL ADDRESS: mstock@gmghub.ca

FAX: (705) 995-0065

**DEADLINE FOR SUBMISSION: August 25, 2023**