



# SELKIRK FIRST NATION

## 2020 GENERAL ELECTION

### CHIEF NOMINATION FORM

**Must be completed and received by the Chief Returning Officer between 2 – 4 p.m., February 6<sup>th</sup>, 2020 at the Main Hall in SFN Administration Building or sooner by contacting the Chief Returning Officer through the information below.**

***A citizen can sign ONLY one nomination form per office (Chief, Wolf Council, Crow Council, Youth Council, and Elder Council). Potential candidates should ask citizens if they have signed any other nomination form for the position they are running in OR make sure you get more than the signatures required.***

***A Criminal Record Check is strongly encouraged to be delivered with the nomination forms on or before February 6<sup>th</sup>, 2020 at 4 p.m.***

**Position:** Chief

**Name of Candidate** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email** \_\_\_\_\_

☐ I agree to my contact details being publicly released to by the Chief Returning Officer if requested.

I confirm my intention to be a candidate and declare that:

- I am a Citizen of SFN as of April 1<sup>st</sup>, 2020.
- I am at least 25 years old and ordinarily resident in the Selkirk First Nation Traditional Territory for at least 12 consecutive months prior to the date of the election;
- According to Section 40 (E) of the SFN Election Act, I am free of conviction as an adult within the past 10 years for an offense against a minor, for causing physical harm to a person or property for the illegal sale of alcohol or drugs or for fraud, bribery or breach of trust or the beneficiary of a continuing suspension under the Criminal Records Act of a record for such a conviction.

\_\_\_\_\_  
Signature of Candidate

Contact Information:

**Chief Returning Officer (CRO)** Tanya Silverfox  
Contact Telephone (867) 334-1385  
Email sfn2020election@gmail.com  
Mailing Address PO Box 33060, Whitehorse, YT, Y1A 5Y5



We, the undersigned, declare we are eligible voters for SFN and that we have not signed nomination papers for any other candidate for this seat of office.  
**(Must have 30 signatures for Chief)**

<u>Signature</u>	<u>Print Name as appears on birth certificate</u>
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FOR ELECTION OFFICE	
ACCEPTED BY _____	
DATE of NOMINATION PAPERS _____	
DATE of AFFIRMATION _____	