



TRUSTEE APPLICATION FORM

Chief Peguis Investment Trust (CPIT) and Peguis First Nation Real Estate Trust (PFNRET)

PART A: APPLICANT INFORMATION

LAST NAME		FIRST NAME		
ADDRESS (include street or PO Box number)		CITY/TOWN	PROV	POSTAL CODE
PHONE NUMBER		EMAIL		
ARE YOU A PEGUIS FIRST NATION MEMBER?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, WHAT IS YOUR MEMBERSHIP NUMBER? _____				
DO YOU LIVE ON THE HISTORICAL LANDS OF PEGUIS FIRST NATION, INCLUDING WINNIPEG, SELKIRK, AND SURROUNDING AREAS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
I AM APPLYING FOR A TRUSTEE POSITION WITH:				
<input type="checkbox"/> CPIT <input type="checkbox"/> PFNRET <input type="checkbox"/> Both CPIT and PFNRET				



EDUCATION

NAME & LOCATION OF EDUCATIONAL INSTITUTION	GRADE/DEGREE OBTAINED	MAJOR	DATE ATTENDED/OBTAINED

EMPLOYMENT *(Start with your most recent experience)*

POSITION/TITLE	
JOB DESCRIPTION	
EMPLOYER	
EMPLOYER ADDRESS	
REFERENCE CONTACT INFORMATION	
DATE OF EMPLOYMENT	



POSITION/TITLE	
JOB DESCRIPTION	
EMPLOYER	
EMPLOYER ADDRESS	
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POSITION/TITLE	
JOB DESCRIPTION	
EMPLOYER	
EMPLOYER ADDRESS	
REFERENCE CONTACT INFORMATION	
DATE OF EMPLOYMENT	



PART B: BASIC QUALIFICATIONS

ARE YOU A RESIDENT OF CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE AT LEAST 18 YEARS OLD AS OF NOVEMBER 27, 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A MEMBER OF PEGUIS FIRST NATION CHIEF AND COUNCIL? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DECLARED BANKRUPT OR INSOLVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE IF YES OR UNSURE , PLEASE EXPLAIN (USE ADDITIONAL PAGES IF NEEDED): _____ _____ _____
ARE YOU ELIGIBLE FOR BONDING? <i>NOTE: This means that the trust must be able to obtain insurance against any financial losses caused by your actions as a trustee. This is important because it helps the trust protect itself from financial risk. You may not be eligible for bonding if you have a criminal record and/or a poor credit history.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE IF NO OR UNSURE , PLEASE EXPLAIN (USE ADDITIONAL PAGES IF NEEDED): _____ _____ _____



HAVE YOU EVER BEEN CONVICTED OF AN INDICTABLE OFFENCE UNDER THE *CRIMINAL CODE* OR *CONTROLLED DRUGS AND SUBSTANCES ACT*?

YES NO UNSURE

IF **YES** OR **UNSURE**:

(1) CONFIRM DATE OF MOST RECENT CONVICTION (DD-MM-YY): _____

(2) DID THE OFFENCE INVOLVE ANY OF THE FOLLOWING: THEFT, CONVERSION, FRAUD, FORGERY, OR A RELATED OFFENCE?

YES NO UNSURE

(3) PROVIDE AN EXPLANATION (USE ADDITIONAL PAGES IF NEEDED):

ALL APPLICANTS MUST INCLUDE A [POLICE CRIMINAL RECORD CHECK \(PCRC\)](#) AND A [POLICE VULNERABLE SECTOR CHECK \(PVSC\)](#).

DO YOU HAVE A CURRENT (LESS THAN 12 MONTHS OLD) PCRC AND PVSC ON FILE WITH PEGUIS FIRST NATION?

YES NO

IF NO, HAVE YOU APPLIED FOR A PCRC AND PVSC? IF THE PCRC AND PVSC ARE NOT YET AVAILABLE, PLEASE INCLUDE YOUR RECEIPT.

YES NO



ALL APPLICANTS MUST PROVIDE A CURRENT CREDIT SCORE FROM EITHER EQUIFAX CANADA OR TRANSUNION CANADA.

HAVE YOU INCLUDED YOUR CURRENT CREDIT SCORE WITH THIS APPLICATION?

YES

NO

PART C: TRAINING (CPIT APPLICANTS ONLY)

HAVE YOU COMPLETED TRUSTEE ACCREDITATION TRAINING FROM THE NATIONAL ABORIGINAL TRUST OFFICERS ASSOCIATION ([NATOA](#)) OR ANOTHER QUALIFIED TRAINING CENTER?

YES

NO

IF NO, ARE YOU WILLING TO COMPLETE TRUSTEE ACCREDITATION TRAINING WITHIN 12 MONTHS OF BECOMING A TRUSTEE?

YES

NO

PART D: YOUR ROLE AS A TRUSTEE

APPLICANTS MUST:

- HAVE GOOD JUDGEMENT
- BE TRUSTWORTHY
- BE WILLING TO ASSIST IN CARRYING OUT THE OBJECTS OF THE TRUST

PLEASE EXPLAIN HOW YOU MEET THESE CRITERIA:



WHY DO YOU WANT TO BE A TRUSTEE?

WHAT SKILLS AND EXPERIENCE DO YOU HAVE THAT WOULD HELP YOU SUCCEED AS A TRUSTEE?

RELEVANT INFORMATION MAY INCLUDE:

- EDUCATION
- EMPLOYMENT EXPERIENCE AND SKILLS
- LIFE EXPERIENCE AND SKILLS

PEGUIS FIRST NATION HAS A DRUG FREE POLICY. IF YOU ARE ELECTED AS A TRUSTEE, DO YOU AGREE TO PARTICIPATE IN DRUG TESTING?

YES

NO



PLEASE LIST TWO REFERENCES WHO CAN SPEAK TO YOUR EDUCATION, EMPLOYMENT EXPERIENCE AND/OR YOUR CHARACTER AND INTEGRITY AS A PERSON.

REFERENCE #1

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

RELATIONSHIP: _____

REFERENCE #2

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

RELATIONSHIP: _____

PART E: DECLARATION AND CONSENT

I, _____, confirm and declare that all the information provided in support of my application is true and accurate. If any of the above information changes, I will immediately notify Peguis First Nation in writing. I understand that if I have provided false or misleading information, the Trustee Nominating Committee will not consider my application or, if the nomination process has already been completed, my nomination may be withdrawn.

By signing this application, I, _____, am providing Peguis First Nation with my consent to use and disclosure to the Trustee Nominating Committee the personal information included in this application form for the purposes of nominating applicants for election to the office of trustee.

Signature

Date