

**Voluntary Aboriginal Staff Self Identification Statement**

**Staff Member/Applicant Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I do not wish to participate

I am (check one):

First Nation (Status, Non-Status)

	Ojibwe
	Cree
	Oji-Cree
	Other (please indicate)

Métis

Inuit

Non-Aboriginal

**Language(s):**

✓	Language	Written	Spoken
	English		
	French		
	Ojibwe Western		
	Ojibwe Eastern		
	Oji-Cree		
	Cree		
	Other (please indicate)		

**Voluntary Aboriginal Staff Self-Identification Supplementary Form**

**Staff Member Name:** \_\_\_\_\_

If you have knowledge/experience in the area of Aboriginal cultural knowledge/traditions and practices, would you be willing to share your gifts and talents?  Yes  No

If yes, in which areas of Aboriginal cultural knowledge/traditions and practices do you have knowledge/experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At what level(s) would you be willing to share this knowledge and information?

✓	Area	Details
	School	
	Board/Program (i.e. Mentorship for students and/or staff, Leadership)	
	As a representative of the Board within the community	

**Signature**

***Personal information will be kept confidential, in accordance with the Provincial Freedom of Information and Protection of Privacy Act (FIPPA) and protected and governed by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), R. S. O. 1990 C. M56, unless individual self-identified staff and applicants grant the right to share specific information.***