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**APPLICATION / NOMINATION FORM  
AGENCIES, BOARDS AND COMMISSIONS**

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**IMPORTANT: PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT FORM**

**Step 1:** Fill out the application/nomination form. *This fillable PDF form will allow you to complete the form and save it on your computer.*

**Step 2:** Once you've completed and saved the form, email it and your resume (if submitting) to the Agencies, Boards and Commissions Office at [agenbrdcom@leg.gov.mb.ca](mailto:agenbrdcom@leg.gov.mb.ca)

If you prefer to mail or fax your completed form please print it and send to:  
Agencies, Boards and Commissions, Room 44 - 450 Broadway, Winnipeg, MB R3C 0V8  
(Phone) 204 945 2959 (Fax) 204 948 4705

**Applications/nominations will remain on file for two years. After two years a new application/nomination will be required.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

*Areas marked with an \* do not need to be completed if you are submitting a resume containing this information. If you are not submitting a resume, all fields must be completed in detail.*

Current place of employment and position:\*

Employment Background:\*

Education:\*

Community / Committee Involvement:\*

Area(s) of Expertise:

Special Interests/Life Experiences:

Request consideration for the following agencies, boards and Commissions:

Do you wish to be considered only for the ABCs indicated above:     Yes     No

You are available for meetings on:

weekdays     weekday lunch hours     evenings     weekends

Additional Comments:

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Submitted/Nominated By:

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Date

## SELF-DECLARATION FOR EQUITY GROUPS

The groups listed below are designated as under-represented by the Employment Equity Program of the Civil Service Commission. The Civil Service Commission Equity Policy is considered in making appointments to Agencies, Boards and Commissions.

If you wish to identify your status, please check the boxes that apply to you.

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### **Self-Declaration:**

***Completion of this section is voluntary.***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

1.  Female
2.  Indigenous (includes Treaty Status, Non-Status, Metis and Inuit)
3.  Disabled by physical disability affecting employment  
(ie. co-ordination, hearing, speech, mobility, vision, paralysis etc.)
4.  Visible Minority

**SAVE FORM**

**PRINT FORM**