

COMMISSION SCOLAIRE FRANCOPHONE DU YUKON (CSFY)

CANDIDATE NOMINATION PAPER

Starting **Monday, October 17, 2022**, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

CANDIDATE INFORMATION					
Candidate name	Last name		First Name		Middle Name
Name to appear on the ballot					
Residential Address	Street #	Street Name		Unit #	City/Town Postal Code
Mailing Address (if different)					
Contact (check preferred contact)	<input type="checkbox"/> Primary Phone	<input type="checkbox"/> Alternate Phone (if applicable)	<input type="checkbox"/> Email		
DECLARATION OF CANDIDATE ELIGIBILITY AND CONSENT (to be completed in the presence of the authority witnessing)					
<p>I, _____ declare that</p> <p style="text-align: center;">Print full name of candidate</p> <p>I am a Canadian citizen, at least 18 years of age, and that my qualifications as an elector for the Commission scolaire francophone du Yukon is/are (select all that apply)</p> <p><input type="checkbox"/> Residency: I have been a Yukon resident for a minimum of three months <u>and</u> I have minority language rights under Section 23 of the <i>Charter of Rights and Freedoms</i></p> <ul style="list-style-type: none"> • French language: my first language learned and still understood is French • Primary school instruction: I received part of my primary school instruction in Canada in French as a First language (this excludes French immersion instruction) • Family continuity: I am a parent* whose child is receiving or has received their primary or secondary school instruction in French as a First language (this excludes French immersion instruction) <p>AND/OR</p> <p><input type="checkbox"/> Attendance: I am a parent* of a student attending a school operated by the Commission scolaire francophone du Yukon</p> <p>* Parent means biological or adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child.</p> <p>and I consent to my nomination as a candidate in the election of trustees of the Commission scolaire francophone du Yukon.</p> <p style="text-align: right;">_____ Signature of candidate</p>					
AUTHORITY WITNESSING THE DECLARATION					
<p>Declared before me, _____</p> <p style="text-align: center;">Print the full name of the person witnessing the declaration</p> <p style="text-align: right;">_____ Title of the person witnessing the declaration</p>					
City/Town/Village Witnessed	Signature of Election Official / Yukon First Nation Chief or Deputy Chief / Notary Public		Date	Phone (if not an Election Official)	

COMMISSION SCOLAIRE FRANCOPHONE DU YUKON (CSFY) CANDIDATE NOMINATION PAPER

ELECTOR DECLARATION FOR CANDIDATE NOMINATION

We the undersigned, as qualified electors for the CSFY (as per declaration on page 1), nominate _____
Print full name of candidate
 as a candidate in the election of trustees to the Commission scolaire francophone du Yukon.

#	Name of nominating elector	Address	Signature
1			
2			
3			
4			
5			

DECLARATION OF WITNESS

I, _____ of _____
Witness name Address
 declare that I witnessed the signing of this nomination form by the electors listed above.

Signature of witness to signatures Date

Note: nominations require a minimum of three signatures from qualified electors. A witness to all the signatures submitted is required. The person being nominated may be a witness.

Starting **Monday, October 17, 2022**, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

NOMINATION SUBMISSION (THIS SPACE FOR ELECTIONS YUKON USE ONLY)

Statement of ineligibility ☐ n/a ☐ yes ☐ Receipt issued

Accepted by: _____
Election Official Accepting the Nomination Form Signature of Election Official Accepting the Nomination Form Date and Time

Approved by: _____
Election Official Approving the Nomination Form Signature of Chief Electoral Officer / Assistant Chief Electoral Officer / Chief Returning Officer Date and Time

Once approved, the candidate will be notified and their name will be posted to ElectionsYukon.ca as a candidate seeking election.

COMPLETING THE NOMINATION FORM

A sample of a Nomination Paper is attached to help you complete your Nomination Paper to ensure that it is accepted by the Returning Officer when you file. You should read these instructions before you fill in the Nomination Paper.

INSTRUCTIONS

1. Print full name – last, first, and middle name.
2. Print the name to be used on public notices; this should be the name you use in the community or are commonly known by.
3. Print your physical address.
4. Print your mailing address (if different).
5. Include your contact information for use by the Returning Officer and Elections Yukon. Indicate which should be used as your primary contact.
6. Print your name in full.
7. Read the “Declaration of Candidate Eligibility and Consent” and place a checkmark beside the eligibility criteria which qualify you as an elector for the Commission scolaire francophone du Yukon.
8. Sign in the presence of an Election Official, First Nation Chief or Deputy Chief, or a Notary Public, to confirm your eligibility and your consent to be nominated as a candidate.
9. To be signed and dated by the Election Official, First Nation Chief or Deputy Chief, or a Notary Public.



COMMISSION SCOLAIRE FRANCOPHONE DU YUKON (CSFY) CANDIDATE NOMINATION PAPER

Starting Monday, October 17, 2022, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

CANDIDATE INFORMATION

Candidate name	Last name					First Name		Middle Name		1
Name to appear on the ballot	2									
Residential Address	Street #	3	Street Name	4	Unit #	City/Town	Postal Code			
Mailing Address (if different)	4									
Contact (check preferred contact)	<input type="checkbox"/>	Primary Phone	<input type="checkbox"/>	Alternate Phone (if applicable)	<input type="checkbox"/>	5	Email			

DECLARATION OF CANDIDATE ELIGIBILITY AND CONSENT (to be completed in presence of the authority witnessing)

I, _____, declare that

Print full name of candidate

I am a Canadian citizen, at least 18 years of age, and that my qualifications as an elector for the Commission scolaire francophone du Yukon is/are (select all that apply)

☐ **Residency:** I have been a Yukon resident for a minimum of three months and I have minority language rights under Section 23 of the *Charter of Rights and Freedoms*

- **French language:** my first language learned and still understood is French
- **Primary school instruction:** I received part of my primary school instruction in Canada in French as a First language (this excludes French immersion instruction)
- **Family continuity:** I am a parent* whose child is receiving or has received their primary or secondary school instruction in French as a First language (this excludes French immersion instruction)

7

AND/OR

☐ **Attendance:** I am a parent* of a student attending a school operated by the Commission scolaire francophone du Yukon

* Parent means biological or adoptive parent, persons legally entitled to custody, or the persons who usually have care and custody of the child.

and I consent to my nomination as a candidate in the election of trustees of the Commission scolaire francophone du Yukon.

AUTHORITY WITNESSING THE DECLARATION

Declared before me, _____

Print the full name of the person witnessing the declaration

Title of the person witnessing the declaration

City/Town/Village Witnessed _____ Signature of Election Official / Yukon First Nation Chief or Deputy Chief / Notary Public _____ Date _____ Phone (if not an Election Official) _____

8

9

COMMISSION SCOLAIRE FRANCOPHONE DU YUKON (CSFY) COMPLETING AND FILING NOMINATION PAPER

COMMISSION SCOLAIRE FRANCOPHONE DU YUKON (CSFY) CANDIDATE NOMINATION PAPER

ELECTOR DECLARATION FOR CANDIDATE NOMINATION

We the undersigned, as qualified electors for the CSFY (as per declaration on page 1), nominate _____ as a candidate in the election of trustees to the Commission scolaire francophone du Yukon. Print full name of candidate **10**

#	Name of nominating elector	Address	Signature
1			
2			
3			
4			
5			

DECLARATION OF WITNESS

I, _____ of _____
Witness name
 declare that I witnessed the signing of this nomination form by the electors listed above. **13**
Address

Signature of witness to signatures _____ Date _____

Note: nominations require a minimum of three signatures from qualified electors. A witness to all the signatures submitted is required. The person being nominated may be a witness.

Starting Monday, October 17, 2022, completed nomination papers can be submitted in person to Returning Officers or electronically to schools@electionsyukon.ca

NOMINATION SUBMISSION (THIS SPACE FOR ELECTIONS YUKON USE ONLY)

Statement of ineligibility ☐ n/a ☐ yes ☐ Receipt issued

Accepted by: _____ **14**
Election Official Accepting the Nomination Form Signature of Election Official Accepting the Nomination Form Date and Time

Approved by: _____
Election Official Approving the Nomination Form Signature of Chief Electoral Officer / Assistant Chief Electoral Officer / Chief Returning Officer Date and Time

Once approved, the candidate will be notified and their name will be posted to ElectionsYukon.ca as a candidate seeking election.

INSTRUCTIONS (Cont'd)

10. Print your name as the candidate.
11. Print the name and physical residential address of each elector making a nomination. Electors must be qualified to vote in the School Board election to nominate a candidate.
12. Nominating electors must sign the form in the presence of the person collecting the nominations.
13. Complete with the name, address and signature of the person who witnessed the signatures of the nominating electors. If you, as a candidate, were present when your Nomination Paper was signed by the nominating electors, you may be the witness to their signatures.
14. To be completed and signed by the Election Official accepting the nomination paper, and then by the Election Official at Elections Yukon who approves your nomination. You will be notified once your nomination has been approved.