



NAKUSP AND AREA COMMUNITY FOREST (2013) INC.

P.O. Box 925
119 Broadway Street
Nakusp, B.C. V0G 1R0
Telephone: (250) 265 3603

Expression of Interest

BOARD OF DIRECTORS

NAKUSP AND AREA COMMUNITY FOREST (2013) Inc.

Date: _____

Name: _____

Mailing Address: _____

Street Address: _____

Phone # Home: _____ Cell # _____

Email Address: _____

1. a) How many years have you lived within the boundaries of the Village of Nakusp and/or RDCK Area K. _____

b) Is this your primary residence: _____

2. Are you a full time resident of this area(s): _____

If not, explain: _____

3. What are your qualifications to be considered: i.e. schooling, life and work experience, training, community involvement (attach an additional page if necessary):

4. Previous committee or board experience:



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5. Do you currently or have you operated your own business. _____ If yes, please describe (attach an additional page if necessary):

6. Why are you interested in being on the NACFOR Board of Directors (attach an additional page if necessary):

7. Please indicate which skills you feel you have to bring to NACFOR's governance board, and briefly explain your experience or exposure. Feel free to refer to responses above to avoid repetition:

Location of residence	<input type="checkbox"/> Within Village of Nakusp <input type="checkbox"/> Within RDCK Area K	
Water user	<input type="checkbox"/> Involvement with personal watershed, wells, water license	
Forestry	<input type="checkbox"/> Exposure/education in the industry	
Wood Manufacture	<input type="checkbox"/> Experience in this field	
Recreation	<input type="checkbox"/> Involvement	
Community funds	<input type="checkbox"/> Experience/exposure in the distribution of funding	
Youth (<30 yrs)	<input type="checkbox"/> In the Youth age category at time of this Expression of Interest	
Fibre Utilization	<input type="checkbox"/> Experience/exposure/ education in this field	
Finance	<input type="checkbox"/> Experience/exposure/ education to financial statements, budgets, budgeting etc	



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Conflict resolution	<input type="checkbox"/> Experience/training in this field	
Non timber forest products	<input type="checkbox"/> Experience/exposure/training - mushroom picking, trapping, etc	
Do you self-identify as Indigenous?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community and stakeholder consultation	<input type="checkbox"/> Experience/training in this field; includes Board experience and/or volunteering with community groups	

8. Please provide 3 references from residents within the Village of Nakusp or RDCK Area K - name and phone numbers

- 1) _____
2) _____
3) _____

*NACFOR may seek further references beyond those listed above

9. Please identify any potential conflict of interests. Indication will not necessarily negate your involvement in NACFOR: _____

Printed Name

Signature

Signing authorizes NACFOR to verify information