



VOLUNTARY SELF-DECLARATION FORM

Employee Name: _____
Employee Signature _____
Date _____

1. Are you an Aboriginal Person?
 No

If yes, mark an "X" in the box that best describes you.

- Yes, I am a Status Indian/Treaty-Indian because of my tribal affiliation with the _____ First Nation and Band (Treaty # _____).
- Yes, I am a Non-Status Indian because of my tribal affiliation with the _____ Nation.
- Yes, I am Metis because I am a member of the _____ Metis Association or I am affiliated with the _____ Metis local / community.
- Yes, I am Inuk/Inuit because I am enrolled as a beneficiary of the _____ land claim or I am a member of the Labrador Inuit Assoc., or I am affiliated with the _____ Inuk / Inuit Community.
- Yes, I declare myself to be an Aboriginal person because _____

2. Please indicate languages by checking off the applicable box(es).

	Speak	Read	Write	Understand
Cree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ojibway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oji-Cree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Specify) _____