## APPENDIX 'E' FORM #1 – APPLICATION FORM



Justice of the Peace Program

## **APPLICATION FORM**

Name:		S.I.N		
Address:				-
Ph: <u>(H) 867-</u>		(w)	867-	
Fax: <u>867-</u>		<u>e-n</u>	nail:	
Date of Birth:		Female	Male	
Canadian citizen? Yes	No	Spous	e:	
Children still at home, n	ame and age	e (If you need m	nore space add them on the back)	
Education:				
Occupation:				
Name of Employer:			<del>-</del>	
How long have you beer	n a resident i	n the area?		
In what languages are yo Oral:				
Written:				
I hereby authorize the R Justice, Nunavut with th	•		istrator, Justice of the Peace Progra rd Check.	m, Department of
Signature:		Date:		
	your applica	ation. Member	a Canadian citizen and a resident s of Nunavut Legislature or Hamle	· ·

Please return this application to: Administrative Assistant, Justice of the Peace Program or Senior Justice of the Peace NCJ.JP@gov.nu.ca