



# **GITMAXMAK'AY**

**“Nisga’a People of the Rainbow”**

## **Gitmaxmak’ay Nisga’a Elders eLearning 2020 Application**

The Gitmaxmak’ay Nisga’a Society is pleased to provide an Amazon Tablet for registered Nisga’a Elders 65+, to provide connectedness and inclusion for society programs and meetings.

**DATE OF SUBMISSION (dd/mm/yy):** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
[Street & No.] [City/Prov] [Postal Code]

**HOME/CELL PHONE:** \_\_\_\_\_ **CITZIENSHIP NUMBER:** \_\_\_\_\_

By checking this box, I give the Society permission to enroll my cell number into the free text alert system.

**PROOF OF ADDRESS REQUIRED TO SUBMIT:**  Utility bill  Government ID  Recent Paystub  
 Bank or credit card statement  Tenancy Agreement

	<b>Questionnaire</b>	<b>Yes or No</b>
<b>1</b>	Do you have an active email address?	
<b>2</b>	If so, what is your email address?	
<b>3</b>	Do you have an amazon account?	
<b>4</b>	Do you have someone to assist you with tablet set up?	
<b>5</b>	Do you need assistance with tablet set up?	
<b>6</b>	Do you have access to internet at home?	
<b>7</b>	Have you ever used Zoom? Online platform for meetings.	
<b>8</b>	Would you like to be set up to join zoom to participate in monthly meetings and society programs?	



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**PLEASE NOTE THE FOLLOWING:**

- Amazon Tablets will be provided to those elders who fill out an application only
- The application period will be open intake from August 31<sup>st</sup> to September 30<sup>th</sup>
- To get assistance with filling out your application come to the hall September 4<sup>th</sup> 10am-5pm
- Tablets will be distributed at the Nisga'a Hall October 9<sup>th</sup>, 2020 10am – 5pm
- Submitting incomplete or unsigned applications will delay gift processing time
- There is a zero-tolerance policy for abuse language or behaviour towards volunteers or staff
- Failure to abide by any of the above conditions will forfeit your application

**APPLICANT SIGNATURE:**

\_\_\_\_\_

*By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability. I commit to abide by the terms and conditions of the eLearning gift to utilize for society Programs and monthly elders' meetings. I also understand that my contact information may be used for future Society text and email communications.*

**DATE OF GIFT PICKUP (dd/mm/yy):** \_\_\_\_\_

***GIFT MUST BE PICKED UP BY A MEMBER OF THE APPLICANT HOUSEHOLD:***

**PICKUP PERSON NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

*By signing this document, I confirm that I have collected the Gitmaxmak'ay Nisga'a Society Amazon Tablet on behalf of the eligible Nisga'a Elder. I again commit to abide by the terms and conditions of the eLearning gift to utilize for society programs and meetings. I also understand that my contact information may be used for future Society text and email communications.*

**FOR OFFICE USE ONLY**

*Distributed by:*

*Tablet Issued: YES / NO*

*Date of Issue:*