



Weekly Newsletter for February 22-28

Flyers are to be delivered each weekend by 4pm Sunday evening.

Didn't receive your newsletter this weekend?

**Please call Kristy Boucher at 623-9543 ext.217 or
info@fwfn.com with your questions or concerns.**

Finance Information Page For:

- **Direct Deposit Forms for Member Distributions**
- **Youth Turning 18 – Direct Deposit Forms**
- **Late Banking Information – Annual Member Distributions**
- **Are You Making a Payment?**

Is now on Page 2 of our Weekly Newsletter

Stay informed, follow us on:



@fortwilliamfirstnation



@FWFN1

NOTICE TO ON RESERVE HOUSEHOLDS WITH DOGS

Letting your dog run loose, puts them and the community members in danger.

It is up to the pet owner to control their pets, and protect others from them. Pet owners can be held accountable if their pet hurts someone.

Please be advised that Flyer Carriers have the right to refuse delivery to the household in they encounter a dog or dogs in the area that makes them feel unsafe.

Christmas Boundary Interest Distribution

Further to the November 25, 2020 Chief and Council meeting your December 4, 2020 distribution details are as follows:

- \$500 per adult (aged 18 and older) member from the Boundary Trust Income Allocation
- \$35 per adult (aged 18 and older) member from the Boundary Trust Income Allocation
- \$50 for Elders aged 55-plus (at December 31, 2020) from the OFNLP funds

The above will be paid by EFT (electron funds transfer) and was uploaded to the RBC on Friday December 4, 2020. Funds may take up to 5-days to be deposited in your account so if you have not received your funds by Friday December 11, 2020 then please contact us at that time. Please contact Esther Pervais, Finance Officer for these inquiries.

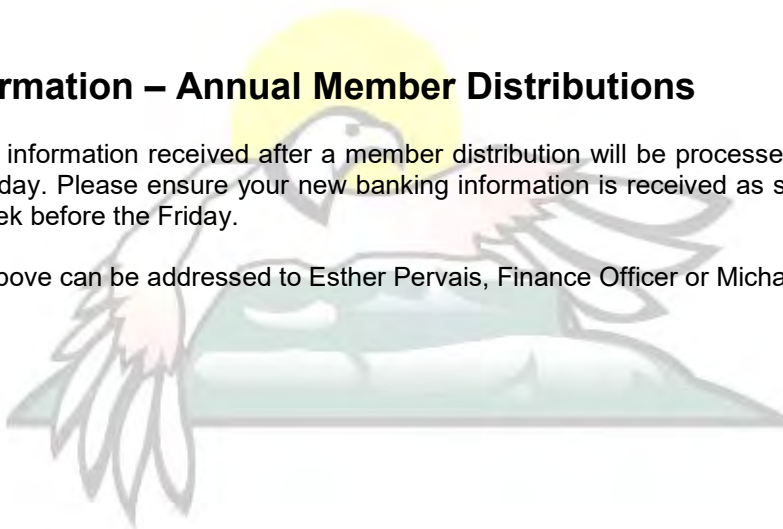
All payment are issued by EFT. The only exception is for those members who are not a resident in Canada. Non-resident members will be issued a cheque and it will be mailed to your last updated mailing address.

If your banking information has changed then you should refer to the first Finance page of our weekly Newsletter. We will require a new direct deposit form, please see the previous Finance page for the required format.

Late banking information – Annual Member Distributions

Any revised direct deposit information received after a member distribution will be processed on a weekly basis until the Christmas break, each Friday. Please ensure your new banking information is received as soon as possible and no later than Wednesday each week before the Friday.

Questions regarding the above can be addressed to Esther Pervais, Finance Officer or Michael D. Pelletier, CEO.





Direct Deposit Forms for Member Distributions

Please keep your banking information up-to-date with Finance. If you change your financial institution or have not yet provided any banking information to Finance, the following options are available to submit your Direct Deposit Information:

1. Mail in a sample VOID cheque from your chequing account that has your current address information on it. Please enclose a brief note such as **"Please update my direct deposit information", sign and date** this note and provide your phone number in case we need to contact you.
2. If you have online banking, you can print out your own Direct Deposit form that is pre-populated with your name and bank account information already on it, **sign and date it**, print your address and phone number on it and mail it to FWFN Finance. Finance will not process a manually filled out/hand-written direct deposit form that is not bank-stamped and bank-dated by your branch.
3. You can also visit your financial institution and have them fax FWFN Finance directly at (807) 623-5190 your direct deposit form after you signed and dated it. The fax must be faxed from the financial institution and cannot be faxed from a third-party fax number. Please note, some financial institutions provide this fax service and some do not. In the event they do not, you will need to mail this direct deposit form to us, as we will require your **original signature**.
4. Please note – Finance does not process any banking updates by e-mail or pictures or hand-written account information.
5. If you are providing your banking information for FWFN employee payroll purposes, you will need to consent to release this information from FWFN Payroll to share this information to FWFN Accounts Payable and you will need to sign and date this form along with FWFN Payroll sign off.

Youth Turning 18 - Direct Deposit Forms

Please provide your direct deposit information as noted above at least 1-week in advance of your birthday to the attention of Finance to release FWFN youth funds held in trust. In addition, as the Specific Claim Housing Trust administers the remaining balance of youth funds, please also contact Michael Pelletier Jr, CEO directly at cell (807) 629-0471 to arrange any payment of these youth funds due to you, you will need to provide your banking information to them directly.

Late Banking Information – Annual Member Distributions

Any revised direct deposit information received after a member distribution will be processed on the 3rd – Friday of each month thereafter. Please provide no later than the Wednesday before the 3rd Friday to ensure any amounts owing to you are processed on the 3rd Friday. Otherwise, your payment may not be processed until the following month's 3rd Friday.

Are You Making a Payment? ****NEW UPDATE Effective June 3, 2020****

Any member or customer making a payment (rent, ice rental, arena gym memberships, hall rental, hunting/fishing licenses, craft tables, Health Fair, Good Food Box, Pow Wow vendors, any other payments), Fort William First Nation Reception (2nd Floor of Band Office) must issue you an official pre-numbered FWFN receipt.

****Effective June 3, 2020**** FWFN can accept payments by autodeposit/e-transfer from your personal smartphone banking app. You can register FWFN as a recipient by adding our Accounts Receivable email: accountsreceivable@fwfn.com. Please include a brief message before sending your payment such as: rent, ice rental (include organization name if applicable), invoice IVC#. A receipt will then issued to you by mail.

We can also debit/credit card (Visa, MasterCard, American Express, and Discover). You may also mail in your cheque payment to the address noted below. Please reference your invoice number or rental unit address for rental payments. **During the pandemic we are not processing any cash deposits.**

FWFN Arena can process receipts if you are paying for your ice debit or credit card. The Arena no longer processes cash. FWFN Arena customers can now set up accountsreceivable@fwfn.com to send in an autodeposit/e-transfer payment – please include a brief reference to your organization if applicable and invoice IVC#.

Fort William First Nation – 2nd floor, Suite 200 at 90 Anemki Drive – for mailings.

COVID-19 – Update from Finance

As COVID-19 numbers continue to increase during the second wave in Ontario it is more important than ever for everyone to remain vigilant in their efforts to prevent the spread of COVID-19. This includes maintaining physical distancing with one another, practicing good hand hygiene and wearing masks when in enclosed public spaces.

Please continue to visit our local Thunder Bay Health Unit website for the most current COVID-19 data at: <https://www.tbdhu.com/coviddata>.

You may also visit our COVID-19 Action Plan web page for Community Updates, Resources and Important Contact Information at: <https://fwfn.com/covid-19-action-plan/>.

In addition to being a part of the COVID-19 pandemic team, Finance continues to work onsite in order to maintain continuity of services. Responding to COVID-19 pandemic needs and our Community's health and safety remains our primary focus while we continue to do our best to administer all of our Finance functions and as a result, our response times may continue to be delayed. We sincerely appreciate your continued patience and understanding during this time.

Payments to our suppliers

If you are a member-contractor with no current banking information on hand for EFT direct deposit payment, we will be mailing your payment by cheque to you. All regular supplier payments will be processed by cheque and mailed. There will be no picking up of cheques for personal delivery in order to limit contact and uphold the physical distancing requirements by public health officials.

You may wish to set up direct deposit, if so, please refer to the previous page for the correct format to submit this information to us.

Bingo Balls

Until further notice, Bingo Balls applications are not being accepted at this time, as a result of limited Bingo Operations during the pandemic.



F O R T W I L L I A M F I R S T N A T I O N

JOB POSTING

Position Title: Bus Driver(s)

Position Description: Under the general direction of the Director of Health & Social Services, with direct supervision provided by the Education Manager, transports children between school and home via school bus.

Major Responsibilities:

- Transport children between school and home and/or an excursion as needed
- Ensure children's safety when boarding and leaving the bus and crossing the street while bus is stopped
- Report delays, mechanical problems and accidents to Education Department
- Complete accident/incident reports and distribute these to proper school and Education Department
- Additional duties as required

Qualifications/ Conditions of Employment:

- Must be able to work on short notice
- Completion of secondary school diploma is preferred
- A minimum of one year of safe driving experience is required
- Copy of Driver's Abstract required
- Class "G" driver's license required
- Criminal Reference Check required
- Bus drivers require a Class "B" license in Ontario (copy to be provided with application)

FWFN is willing to train qualified applicants for class "B" license.

Job Posting Closing Date: Posting open until position is filled. Please direct your application, consisting of a cover letter and resume with three (3) references to the attention of:

Donna Mullen

Human Resources Assistant

P: 807-623-9543 ext. 806

F: 807-623-5190

Email: donnamullen@fwfn.com

When hand delivering, ensure that your application is date stamped and a copy provided to you.

We appreciate all applications. Only those selected for an interview will be contacted.



FORT WILLIAM FIRST NATION COMMUNITY ADVISORY

February 18, 2021

Open letter to all residents of Fort William First Nation

I greet you with good news by announcing that COVID-19 vaccines will soon be coming to your community. Thunder Bay District Health Unit (TBDHU) is working closely with your health care team to provide early access to these life-saving vaccines.

COVID-19 spreads very easily and can make some people very sick. Those who are at highest risk for severe illness from this virus have been chosen to be among the first to be offered protective vaccines. This includes First Nations communities, as well as those living in long-term care homes, and health care workers in Ontario.

It is your personal choice whether to receive the vaccine. To help you make your decision, I have sent you this package of information. It is important that you know about the vaccines, the benefits they offer, possible side effects, and more. Please also consider the following points.

Vaccines are safe and effective.

While the vaccines are new, the science behind them has been in place for many years. Health Canada has approved the vaccines based on a critical review of data. I recognize that some Indigenous people may lack trust in government vaccine programs. But, I want to assure you that the vaccine trials have gone through a complete ethical process. They also involved thousands of adult volunteers of different ages and ethnic backgrounds. As well, First Nations leaders have been involved in the COVID-19 response and vaccination planning.

Vaccines protect yourself and your whole community.

Receiving a two-dose vaccine will protect you from COVID-19. The more people that are vaccinated, the more it helps to build *community immunity* - an indirect layer of protection for people who are not yet immune to the virus.

Vaccine information should come from a credible source.

It is important to base your decision on reliable information. The Knowledge-keepers, Elders, respected leaders and health care workers in your community can help guide you to do what is right for you.

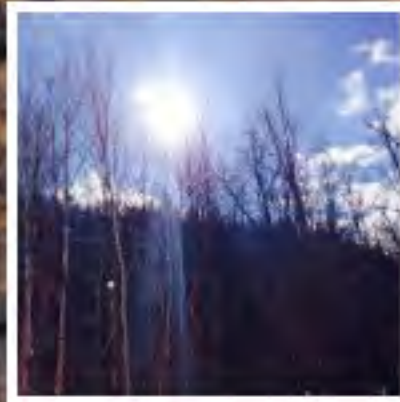
TBDHU is also here to help you. Our Vaccine Preventable Disease team has a lot of experience and knowledge about vaccines. If you have any questions about them, please call us at 625-5900 (or toll-free: 1-888-294-6630) to speak to a nurse. Our website at [TBDHU.COM](https://www.tbdhu.com) also offers current information, resources and videos.

Take the time to think about the vaccines being offered. Remember, the decision is up to you. It is okay to ask questions. I want you to have peace and confidence in your choice.

Meegwetch,

Dr. Janet DeMille, CCFP, FRCPC
Medical Officer of Health
Thunder Bay District Health Unit

90 Anemki Dr. Suite 200
Fort William First Nation, ON P7J 1K3
Telephone: (807)623-9543
Fax: (807)623-5190



FWFN Mental Health & Family Support

Sugar Bush Walk (Ages 7-17)

- Feb 23rd, 2021 -

Take a pic in the Sugar Bush

**Submit your pics and photo
release form by Feb 26th at 1 PM**

**Send the pics to Pat Bannon at
the health centre:
healthreception@fwfn.com**

**PARTICIPATION DRAWS
& GRAND PRIZES TO BE WON!!**



FORT WILLIAM FIRST NATION
COVID-19 VACCINE PROGRAM
PRE-REGISTRATION



Fort William First Nation will be hosting a Vaccine clinic to distribute the 1st of two vaccine doses of the COVID 19 Vaccination. Registration for the 1st dose will be required to plan the number of vaccines needed during the clinic.

Registration for the 1st dose can be done by

- Calling the COVID-19 hotline at 698-0415 or
- emailing covid19@fwfn.com

The COVID 19 Hotline will be accepting registrations during the weekend to accommodate the need for registration.

The Vaccine schedule will be done by priority based on listed criteria

Fort William First Nation registered members 55+

Individuals with underlying health issue and/or disability

Fort William First Nation Members 16+

Community Members 16+

You will be contacted for an appointment

For those that register and attend their scheduled appointment
there will be a draw for prizes.

Please see the attached registration and consent form for what information will be required when you attend the clinic.

PLEASE REGISTER AS SOON AS POSSIBLE

COVID-19 Vaccine Screening and Consent Form

SCREENING AND CONSENT FORM –COVID-19 Vaccine

Version 2.0 – January 23, 2021

Last Name		First Name		Identification (e.g., health card number)	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer				Primary Care Clinician (Family Physician or Nurse Practitioner)	
Home Phone		Mobile Phone			
Street Address			City		Province
					Postal Code
Date of Birth (month, day, year) ____ / ____ / ____		Age		Is this your first or second dose of the vaccine? <input type="checkbox"/> First <input type="checkbox"/> Second	
				If second, please indicate the date of the first dose: ____ / ____ / ____ (month, day, year)	

Please answer all questions below:

Do you have symptoms of COVID-19 or feel ill today? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details
Have you previously had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of a COVID mRNA vaccine or to any of its components or its container? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details
Do you have a suspected hypersensitivity or have you had an immediate allergic reaction (this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing) to:	If yes, please provide details
<ul style="list-style-type: none"> • A previous dose of an mRNA COVID-19 vaccine <input type="checkbox"/> No <input type="checkbox"/> Yes 	
<ul style="list-style-type: none"> • Any components of the mRNA COVID-19 vaccine (including polyethylene glycol (PEG))** <input type="checkbox"/> No <input type="checkbox"/> Yes 	
<ul style="list-style-type: none"> • Polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)** <input type="checkbox"/> No <input type="checkbox"/> Yes 	

<p>Have you ever had a severe (e.g. anaphylaxis) or an immediate allergic reaction to any other vaccine or injectable therapy (e.g. intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbates)? <i>(this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing)</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you ever had a severe allergic reaction (e.g., anaphylaxis) not related to vaccines or injectable medications – such as allergies to food, pet, venom, environmental, or latex etc.?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you or could you be pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have an autoimmune disease?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have a bleeding disorder or are taking medications that could affect blood clotting (e.g., blood thinners)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

<p>Have you ever felt faint or fainted after a past vaccination or medical procedure?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>* Symptoms of COVID-19 can include fever, new onset of cough or worsening of chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of smell or taste, chills, headaches, unexplained tiredness / malaise / muscle aches, nausea / vomiting, diarrhea or abdominal pain, pink eye, or runny nose or nasal congestion without other known cause or, for those over 70 years of age, an unexplained or increased number of falls, acute functional decline, worsening of chronic conditions or delirium</p>	<p>** Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but is not known to cause allergic reactions from foods or drinks. Polysorbate may also cause allergic reactions because of cross-reactivity with PEG.</p>

Consent to Receive the Vaccine

I have read (or it has been read to me) and I understand the 'COVID-19 Vaccine Information Sheet'

- I have had the opportunity to ask questions and to have them answered to my satisfaction.
- I have had the opportunity to speak with my primary care provider regarding any special considerations that apply to me in respect of the COVID-19 vaccine.

☐ **I consent to receiving the vaccine**

Acknowledgement of Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected for the purpose of providing care to you and creating an immunization record for you, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes authorized and required by law. For example,

- it will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the *Health Protection and Promotion Act*. And
- it may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.

The information will be stored in a health record system under the custody and control of the Ministry of Health.

Where a Clinic Site is administered by a hospital, the hospital will collect, use and disclose your information as an agent of the Ministry of Health.

☐ **I acknowledge that I have read and understand the above statement.**

You may be contacted by a hospital, local public health unit, or the Ministry of Health for purposes related to the COVID-19 vaccine (for example, to remind you of follow up appointments and to provide you with proof of vaccination). If you consent to receiving these follow up communications by email or text/SMS, please indicate this using the boxes below.

I consent to receiving follow-up communications:

☐ **by email** ☐ **by text/SMS**

Consent to Being Contacted About Research Studies

Many research studies will be conducted in respect of COVID-19 vaccines.

You have the option of consenting to be contacted by researchers about participation in COVID-19 vaccine related research studies. If you consent to be contacted, your personal health information will be used to determine which studies may be relevant to you, and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. Participating in research is voluntary. You may refuse to consent to be contacted about research studies without impacting your eligibility to receive the COVID-19 vaccine.

If you consent to be contacted about research studies, and then change your mind, you may withdraw your consent at any time by contacting the Ministry of Health at Vaccine@ontario.ca.

I consent to be contacted about COVID-19 vaccine related research studies:

☐ **by email** ☐ **by text/SMS** ☐ **by phone** ☐ **by mail**

☐ **I do not consent to be contacted about COVID-19 related research studies:**

Signature	Print Name	Date of Signature

If signing for someone other than yourself, indicate your relationship to that other person:

☐ If signing for someone other than myself, I confirm that I am the parent / legal guardian or substitute decision maker.

Specific Issues re: Long-Term Care Homes Act, 2007

The resident's consent to receive the vaccine may be withdrawn or revoked at any time.

Statement respecting section 83 of the Act:

Please note the following legal protection:

Every licensee of a long-term care home shall ensure that no person is told or led to believe that a prospective resident will be refused admission or that a resident will be discharged from the home because,

- (a) a document has not been signed;
- (b) an agreement has been voided; or
- (c) a consent or directive with respect to treatment or care has been given, not given, withdrawn or revoked.

FOR CLINIC USE ONLY					
Agent	COVID-19	Product Name	Lot #		Dose
Anatomical Site	<input type="checkbox"/> Left deltoid <input type="checkbox"/> Right deltoid		Route	Intramuscular	Dose #
Date Given	____ / ____ / ____ (m/d/yyyy)		Time Given	____ : ____ am pm	AEFI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Given By (Name, Designation)		Location		Authorized By	
Reason for Immunization	<input type="checkbox"/> Healthcare worker <input type="checkbox"/> Healthcare worker: LTC Home <input type="checkbox"/> Healthcare worker: Retirement Home <input type="checkbox"/> LTC Home: Resident <input type="checkbox"/> Retirement Home: Resident <input type="checkbox"/> Advanced age: community dwelling <input type="checkbox"/> Other employees in acute care, LTC, RHs <input type="checkbox"/> Indigenous community <input type="checkbox"/> Chronic conditions				
Reason Immunizations Not Given	Healthcare provider: <input type="checkbox"/> Determines immunization is contraindicated <input type="checkbox"/> Recommends immunization but no consent received <input type="checkbox"/> Determines that immunization will be temporarily deferred				
Your dose 2 of 2 is scheduled for:		____ / ____ / ____ (m/d/yyyy) ____ : ____ am pm			

MARCH BREAK POST-PONED



FORT WILLIAM FIRST NATION

Education Memo

Dear Parents/Guardians & Students:

Please be advised that March Break has been moved to April 12 to April 16, 2021

April 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
	APRIL BREAK	APRIL BREAK	APRIL BREAK	APRIL BREAK	APRIL BREAK	
18	19	20	21	22	23	24
25	26	27	28	29	30	1

Mental Health Information: Suicidal Ideation

What is Suicidal Ideation? The Dangerous Thought Pattern Is on the Rise Right Now—Here's What You Need to Know

Suicidal thoughts, or suicidal ideation, refers to thinking about or planning suicide.

Thoughts can range from creating a detailed plan to having a fleeting consideration. It does not include the final act of suicide.



BALANCE IS NOT A PASSIVE RESTING PLACE—IT TAKES WORK, BALANCING THE GIVING AND THE TAKING, THE RAKING OUT AND THE PUTTING IN.

—ROBIN WALL KIMMERER, BRAIDING SWEETGRASS: INDIGENOUS WISDOM, SCIENTIFIC KNOWLEDGE, AND THE TEACHINGS OF PLANTS

www.bridgetts.com



AGAINST SUICIDAL IDEATION

© J. J. J. J. J.



FOR SURVIVING DESPITE IT

© J. J. J. J. J.



Understanding isn't always possible.

What IS possible is meaningful acknowledgement of a person's thoughts and feelings.

© J. J. J. J. J.

Mental Health Information: Emmengard's Suicide Scale

<https://emmengard.com/2019/05/07/suicide-scale/>

This scale can help others understand your suicidal thoughts:

1. I am so happy that I will literally go insane if the happiness is sustained for any length of time.
2. I am feeling pretty rad. I vaguely recall times I've been unhappy but it feels like distant memories now. Things are looking up.
3. It is not the best day of my life... I have stuff on my mind, but I don't think of suicide, except when that one weird friend brings up stupid hypotheticals.
4. Suicide doesn't occur to me except in moments of frustration or stress. It's like a weird escape hatch my brain has decided to just go to in an attempt to escape stress. It doesn't feel serious, it's almost a joke.
5. The joke is getting really stale. Suicidal ideation and other intrusive thoughts keep happening, but I am mostly interested in other things. It's like a low key death affinity.
6. I am thinking about suicide a lot. It has become troubling. I can distract myself if I really try, however if an out of control semi was headed towards me, I might not move. I am passively suicidal.
7. I cannot stop thinking about suicide, and unfortunately I cannot distract myself. I might be doing more risky things like driving recklessly or drinking to excess. I have graduated from passively suicidal to having a death wish. I need help.
8. I am no longer fighting the thoughts, just sort of indulging in them. I sort of want to make the suicide plan, but I am stopping myself. I am holding on, but barely. It isn't safe for me to be alone. I am suicidal.
9. I am actively making a plan to end my life. I am telling people goodbye, settling accounts, and starting to write THE note. I am actively suicidal. I need to tell someone.
10. I am actively trying to kill myself. If I do not get medical attention it is very likely I will die.



F O R T W I L L I A M F I R S T N A T I O N

DATE:

NAME:

ADDRESS:

TELEPHONE:

I HEREBY GRANT FORT WILLIAM FIRST NATION AND THOSE ACTING ON ITS AUTHORIZED BEHALF THE RIGHT TO:

PHOTOGRAPH OR RECORD: ☐ MY PERSON ☐ MY CHILD ☐ MY PROPERTY

OR VOICE ON FILM, VIDEO TAPE, AUDIO TAPE OR OTHER FORMAT FOR (WEBSITE, SOCIAL MEDIA, BILLBOARD, BROCHURE, ADVERTISING ETC.) PURPOSES:

All rights therein and thereto shall be the exclusive property of Fort William First Nation to display and distribute in any manner. I understand that no payments are to be provided. In granting these rights I release Fort William First Nation from any and all actions, claims and demands.

Witness

Signature

90 Anemki Drive
Suite 200
Fort William First Nation, Ontario P7J 1L3
Tel: (807) 623-9543 / Fax: (807) 623-5190



Congratulations!

1st

Sheri Boucher - \$500.00

2nd

Rhonda Maclaurin - \$500.00

3rd

Joanne Solomon - \$400.00

4th

Emma Pelletier - \$400.00

5th

Kelly Morriveau - \$200.00

6th

Terry Bannon - \$200.00

7th

Alexis Legarde - \$150.00

8th

Shannon Crews - \$150.00

9th

Martin Fenton - \$100.00

10th

Janelle Pelletier - \$100.00

On behalf of Youth and Social Development we would like to congratulate our winners and thank all of our Families who participated in this years Family Day Snow Sculpture Contest. A big thank you also goes out to our 2 youth, councilor, and APS judges who assisted us with our event throught this day.



Youth & Social Development



F O R T W I L L I A M F I R S T N A T I O N

JOB POSTING

Position Title: Bus Monitor

Position Description: Under the general direction of the Director of Health & Social Services and direct supervision of the Education Coordinator, the bus monitor will enforce the bus transportation policies and procedures to ensure students safety while travelling on the bus.

Major Responsibilities:

- Ensure students follow FWFN bus safety protocols and procedures while travelling on the bus
- Report any behavioural issues, incidence and injuries of a child to the Principal of the school as well as the Education Coordinator
- Set and maintain rules for students to abide by while travelling on the bus
- Provide incident reports in the event of an accident/incident
- Attend meetings as required
- Additional duties as required

Qualifications/ Conditions of Employment:

- Completion of secondary school diploma preferred
- Criminal Reference Check required
- First Aid Certificate required

Job Posting Closing Date: Posting open until position(s) is filled. Please direct your application, consisting of a cover letter and resume with three (3) references to the attention of:

Donna Mullen
Human Resources Assistant
P: 807-623-9543 ext. 806
F: 807-623-5190
Email: donnamullen@fwfn.com

When hand delivering, ensure that your application is date stamped and a copy provided to you.

We appreciate all applications. Only those selected for an interview will be contacted.



Fort William First Nation

2021/2022 POST SECONDARY APPLICATIONS

2021/2022 Post-Secondary
Applications are now available.

Please email education@fwfn.com
to request an application OR find the
application on the official FWFN
website www.fwfn.com

EVERY student must apply each year.

**The deadline to submit the
application is
Friday May 28, 2021 by 4pm.**

For more information, contact:

Myra Bannon

Education Manager

623.9543 ext 225

Myra@fwfn.com

Brittany Collins

Education Assistant

623.9543 ext 205

education@fwfn.com

Restorative Justice & Cultural

Present through Zoom

Cultural Teaching With
Elder

Laura Calmwind

Starting: Monday Feb. 8, Feb. 15 & Feb. 22

6:00pm – 7:30pm

To register email

Reneepervais@fwfn.com

Registration will be closed
at 4 pm on the day of each
session.





COMMUNITY ADVISORY

F O R T W I L L I A M F I R S T N A T I O N

Title: TBDHU Placed in Red Zone of Provincial Framework

February 12, 2021

Today, the Government of Ontario placed the Thunder Bay District Health Unit (TBDHU) in the "Red - Control" zone of the provincial COVID-19 Response Framework: Keeping Ontario Safe and Open. Stringent public health measures will further help control the spread of COVID-19 in the TBDHU area. This move comes into effect on Tuesday, February 16, 2021, at 12:01 a.m.

"I know that it comes as a relief to many that we will soon be exiting the shutdown. However, we are not out of the woods with this pandemic," says Dr. Janet DeMille, Medical Officer of Health. "The risk of the virus spreading in our area is very real. Everyone is asked to continue following all public health measures every day and with every interaction to protect our communities."

In addition to the general public health measures, there are some new and specific requirements that apply under the Red - Control zone. For a complete listing of the general and sector specific restrictions, please visit the Red - Control section of the framework online at the Province of Ontario's website. All measures are also detailed in Ontario Regulation 263/20: Rules for Areas in Stage 2 under the *Reopening Ontario (A Flexible Response to COVID-19) Act*.

TBDHU will continue to support businesses and workplaces in implementing and adopting all of the measures required to protect their workers and the public. Resources and supports specific to sectors have been updated and are available on the health unit website at [TBDHU.com/workplaces/sectors](https://tbdhu.com/workplaces/sectors).

As we move into the red zone, we remind everyone to follow all general public health recommendations.

Visit [TBDHU.com](https://tbdhu.com) for more information or contact TBDHU at (807) 625-5900 or toll-free: 1-888-294-6630.

For more information - Health Unit Media: news@tbdhu.com.

Updated information will be posted as it becomes available, please check the website FWFN.com and watch for community notices to keep updated.

Sincerely,
Emergency Response Group

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