



Yale First Nation

Xwóxwelá:lh

Dear Yale First Nation Members,

We are committed to growth, healing, and strengthening our Nation — and to do that, we need to hear from you. Your feedback helps guide us on a path that serves our people better, honors our values, and supports our shared vision.

This questionnaire is confidential and will only be shared with Chief and Council. It will help us improve how the office and departments operate, so we can better support all members — on and off reserve.

💬 You don't have to fill out the whole questionnaire!

If you'd prefer, you can also send us your feedback by emailing, writing, texting — whatever works best for you.

Either way, we want to hear from you. :)

Name: _____ (optional)

1. How would you rate your overall experience with the Yale First Nation office?

Excellent Good Fair Poor I haven't interacted with the office

2. How comfortable do you feel reaching out to the YFN office for support or services?

Very comfortable Somewhat comfortable Neutral Uncomfortable
 I don't usually reach out

3. Which departments do you feel are working well? (Check all that apply)

<input type="checkbox"/> Administration	<input type="checkbox"/> Housing
<input type="checkbox"/> Health(Nurse/Homecare/Medical Travel)	<input type="checkbox"/> Education
<input type="checkbox"/> Social Development	<input type="checkbox"/> Finance
<input type="checkbox"/> Elder in Residence (Community Centres)	<input type="checkbox"/> Green House
<input type="checkbox"/> Emergency Coordinator	<input type="checkbox"/> Reception/Executive Assistant
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other: _____




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4. Which departments do you feel need more support or improvement? (Check all that apply)


- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Health(Nurse/Homecare/Medical Travel) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Social Development | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Elder in Residence (Community Centres) | <input type="checkbox"/> Green House |
| <input type="checkbox"/> Emergency Coordinator | <input type="checkbox"/> Reception/Executive Assistant |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other: _____ |
-


5. What is the YFN office doing well right now?

 _____


 _____


6. What can we do differently or better to support members more effectively?

 _____

 _____

7. Are there any services, programs, or events you would like to see offered by YFN in the future?

 _____

 _____

8. How would you prefer to receive updates or information from the office? (Check all that apply)


- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Phone Call | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Facebook / Social Media | <input type="checkbox"/> In-person Gatherings | |
| <input type="checkbox"/> Text Message | <input type="checkbox"/> Other: _____ | |
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9. Do you have any additional thoughts, suggestions, or concerns you'd like to share with Chief & Council?

 _____

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Thank you for taking the time to share your voice.
Together, we will continue building a stronger future — grounded in tradition, shaped by community, and carried forward with purpose.

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