

**Application for appointment to a Committee of the  
Confederated Tribes  
of the  
Umatilla Indian Reservation**

**You should receive a copy of the Commission/Committee bylaws with this application.**

I. This application must be completed by the applicant. The applicant must be an enrolled member of the Confederated Tribes, at least 18 years of age, and seeking an appointment to a Tribal commission or committee. The application must be signed by the applicant and shall be submitted to the Tribal Office. The Tribal employee who receives the application will date stamp and initial the top page, sign the back page, and copy the application. The copy will be given back to the applicant for their records and the Tribal office will keep the original application on file for a period of 12 months.

II. Application Questionnaire:

Name of Applicant: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Are you 18 years of age or older?      Yes    [ ]                      No [ ]

1. Name of Tribal Commission/Committee on which you wish to serve:

\_\_\_\_\_

2. List training, education, and experience that demonstrates your qualifications, ability and interest to serve the Tribe on the Commission/Committee:

\_\_\_\_\_

\_\_\_\_\_

3. Do you have a reliable means of transportation to and from Commission/Committee meetings?

Yes                          No   

4. Do you have adequate time available to devote to necessary Commission/Committee work? Typically at least 6 hours per month are required, plus additional time for occasional related training sessions and travel.

Yes                          No   

5. List any committee or commission on which you currently serve.

\_\_\_\_\_

**Tribal employees are limited to serving on one tribal commission or committee, unless the additional appointment is temporary and does not exceed 3 months. See section 2.07(e) of the Tribal Personnel Policies and Procedures Manual for detailed requirements concerning tribal employees serving on committees and commissions.**

6. Are you a tribal employee? Yes  No   
If so, list your job title, program/department, and supervisor name.

\_\_\_\_\_  
Job title, program/department

\_\_\_\_\_  
Supervisor's name

7. Supervisor approval to serve on said Commission/Committee; pursuant to Section 2.13 (e) (1) of the Tribe's Personnel Manual.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

8. Do you have any work duties, personal relationships, or financial interest that might conflict with your duties as a Commission/Committee member?

Yes  No  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you have any relatives employed in the program that would be directly under the oversight of this Commission/Committee?

Yes  No

If yes, please list such relative (s), their name(s), and your relationship to the person(s):

\_\_\_\_\_

10. Do you owe money to the Tribe or have any financial interests in the department or program that would be under the oversight of the Commission/Committee?

\_\_\_\_\_  
\_\_\_\_\_

11. Please briefly explain why you are interested in serving on this Commission/Committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certification and Signature

The signatory below recognizes that the Board of Trustees may conduct a personal interview of the applicant on his/her ability and willingness to serve as a Commission or a Committee member and that the Board's appointment decision will be final. Furthermore, the applicant certifies that he/she meets the minimum qualifications for membership on the Commission or Committee. The applicant also certifies that, if he/she is selected to serve as a Commission or a Committee member that the applicant is willing to serve in that position, is willing to take the required oath of office, to comply with the bylaws of the Committee or Commission to which he/she is appointed, to accept the responsibility to complete any orientation or training required of Commission or Committee members, and to recognize and accept the governing authority of the Board of Trustees.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **Authority for Release of Information**

I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies.

**CERTIFICATION:** I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Board of Trustees sincerely appreciates the interest of all Tribal members in applying for positions of public Tribal responsibilities. It is through such service that the Board can conduct its business on behalf of the Tribe. All applicants will be notified of the Board's final decision. With your permission and in the event you are not selected at this time we shall keep your application on file for consideration for future Commission or Committee vacancies.

\_\_\_\_\_  
Received

\_\_\_\_\_  
Date