

Louise Davis
Chairperson
Rile Webster
Vice-Chair
Gwen Wolfin
Secretary/Treasurer



P.O. Box 1087
Burney, CA 96013

Ajumawi-Aporige-Astariwi-Atsugewi-Atwamsini-Hewisedawi-Hammawi-Ilmawi-Itsatawi-Kosealekte-Madesi

KWAHN BOARD MEMBER APPLICATION

CONFIDENTIAL PERSONAL INFORMATION

Name:		DOB:	
Current Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	E-mail Address:	
SSN:		Driving License or Identification No(state issued):	
Have you served on Tribal Council?	If "yes" how long:	Band Affiliation:	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "yes" explain.	
All applicants will be subject to back ground check.			

EMPLOYMENT AND INCOME INFORMATION FOR ATLEAST 5 YEARS

Current employer:			
Employer address:			How long?
City:	State:	Zip Code:	Phone:
Position:			
Duties:			Annual income:
Employer:			
Employer address:			How long?
City:	State:	Zip Code:	Phone:
Position:			
Duties:			Annual income:
Employer:			
Employer address:			How long?
City:	State:	Zip Code:	Phone:
Position:			
Duties:			Annual income:
Other:	Please explain:		

EDUCATION

High School:		Address:	
From	to	Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:		Address	
From	to	Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

Other:	Address:
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From	to	Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
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AREAS OF EXPERTISE (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Business Operations	<input type="checkbox"/>	Business Acquisition	<input type="checkbox"/>	Indian Tribes
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Planning
<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Communication
<input type="checkbox"/>	Personnel	<input type="checkbox"/>	Community	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	Business Ownership	<input type="checkbox"/>	Other (please list)		

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()

Address

Full Name	Relationship
Company	Phone ()

Address

Full Name	Relationship
Company	Phone ()

Address

GENERAL

1.	Will you be able to attend Council/Board/Committee meeting? How often?
2.	Do you have access to computer with internet access?
3.	How do you feel about teleconference meetings and/or video conferencing?
4.	What experience do you have living and working with the Native community?

CERTIFICATION

If elected as a board member to the Kwahn Board of Directors, will you avoid conflicts of interest between your position as a board member and your personal life and keep all information and material confidential as to outside parties.

Signature of applicant:	Date:
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