Confederated Tribes of the Umatilla Indian Reservation

Board of Trustees & General Council



46411 Timíne Way • Pendleton, OR 97801 (541) 276-3165 • fax (541) 276-3095 info@ctuir.org • www.umatilla.nsn.us

Applicants must be 18 years or older to apply and must provide the following information:

Name:	Enrollment No.:				
Addres	City/State:				
Phone/e	email:				
1.	1. Have you been removed or resigned from a Commission/Committee within the past 12 months? Yes No If yes, please explain:				
2.	Please list the name of the Commission or Committee on which you wish to serve:				
3.	Have you read the Advisory Committee Code and/or the governing documents for the Commission/Committee that you are applying for? (Please contact the NGC front desk for assistance in obtaining copies of the relevant documents). Yes \square No \square				
4.	Please briefly explain why you qualify to be on the Commission/Committee in which you are applying for by providing any training, education and experience.				
5.	Why you are interested in serving on the Commission/Committee you are applying for.				
6.	Do you have adequate time available to devote to necessary Commission/Committee work? Typically at least 8 hours per month are required. Yes No				
7.	Do you have a reliable means of transportation to and from Commission/Committee meetings? Yes No				

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8.	Check all CTUIR Committee(s)/Commission(s) A&D Oversight Cultural Resources Economic & Community Development Education & Training Elders Election Enrollment	on whic	h you	Land Acquisition Law & Order Natural Resources Science & Technology TERO TCI Board Tiicham Conservation District		
	Farm Fish & Wildlife			Umatilla Culture Coalition Water		
	Gaming			Wildhorse Foundation		
	Health			Other:		
	Housing					
9.	Do any of the Commission(s)/Committee(s) on which you currently serve regularly meet at the same time as the Commission/Committee you are applying for? Yes No If yes, which one(s):					
10.	Are you employed by the CTUIR? Yes		No			
	If yes, please provide your supervisor's signature to show that they authorize you to serve on the Committee/Commission you are applying for. (Required by Section 2.07(E) of the the CTUIR Personnel Ma					
	Job title, program/department	Supervi	sor's r	ame		
	Supervisor's Signature	Date				
11.	Does your current work schedule (if applicable) which you are applying? Yes	conflict	with tl No	The meeting time of the Committee/Commission for \Box		
12.	Do you have any immediate relatives employed in the department/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):					
13.	Are you delinquent in the payment of any debts interest in the department or program that would might otherwise create a conflict of interest? Yes No I If yes, please briefly explain:			onfederated Tribes and do you have any financial oversight of the Commission/Committee or that		
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Certification and Signature

The signatory below recognizes that the Board of Trustees will make the final decision on if you are appointed to serve as a Commission/Committee member and that the Board's appointment decision will be final and cannot be appealed. Furthermore, the applicant certifies that he/she meets the minimum qualifications for membership on the Commission/Committee. The applicant also certifies that, if he/she is selected to serve as a Commission/ Committee member that the applicant is willing to serve in that position, is willing to take the required oath of office, to accept the responsibility to complete any orientation or training required of Commission/Committee members, and to recognize and accept the governing authority of the Board of Trustees. 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

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 a review 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.

Signature of Applicant

Received by

All Applications must be turned in to one of the staff secretaries of the Board of Trustees. The application must be signed in the appropriate areas and turned in no later than 4:00 pm of the posted due date in order for BOT to consider the application for appointment. Applications that have been altered in any way will not be accepted.

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. In the event you are not selected at this time we shall keep your application on file for a period of ninety (90) days for consideration for future Commission/Committee vacancies.

Date

Date

Date