

Hoopa Valley Tribal Council
HUMAN RESOURCE PROGRAM

71 Willow St. ~ PO Box 218 ~ Hoopa, CA 95546
Phone (530) 625-9200 ~ Fax (530) 625-4269



HOOPA VALLEY TRIBE
Board, Committee, Commission Application

Name of Board, Committee, Commission: _____

The purpose of this form is to obtain general information from applicants, concerning interest and qualifications; which will assist the Hoopa Tribal Council in making board, committee, and commission appointments. Resume or other data may be attached to this form.

NAME: _____ SS#: _____

ADDRESS: _____ HOME/CELL PHONE: _____

_____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

List volunteer activities or educational background which may be relevant to the vacancy applying for:

Are you an enrolled Hupa Tribal Member? () YES () NO

Briefly explain why you are interested in serving on this board, committee, or commission:

Are you currently serving on any other Tribal board, committee, or commission?: () YES () NO

Name of board, committee, or commission: _____

Are any of your family members currently serving on THIS board, committee, or commission? () YES () NO

List family member(s) and relationship(s): _____

Applicants Signature

Date

NOTE: A person is limited to serving on only TWO boards, committees, or commissions at one time. The Hoopa Valley Tribe's Title 21 Alcohol Policy, Drug Policy, and Title 30A Employment Background Check Policy, and Referendum on Conflict of Interest and Nepotism apply for this appointment.

Personnel ● Insurance Administration/Risk Management ● Background Investigations ● Fit For Duty