

Tribal Education Advisory Board (TEAB) Application Form

Name:		
Street Address:		
City:	State:	Zip Code:
Email:	Phone:	

Check the group in which you are interested in representing:	
<input type="checkbox"/> Community Leaders	<input type="checkbox"/> Tribal Council
<input type="checkbox"/> Elders (55 years and up)	<input type="checkbox"/> Tribal Historic Preservation Department
<input type="checkbox"/> Parents	<input type="checkbox"/> Youth Organizations
<input type="checkbox"/> Students	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Background (Related experiences, skills or qualifications):
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Why are you interested in this position and what particular skills would you bring to this board?
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Employment experience (pertaining to any skills or experience relevant to this application):

DUTIES OF BOARD MEMBER

- All Board Members must comply with the bylaws, which is incorporated into this agreement by reference.
- All Board Members are expected to attend monthly meetings and participate in discussions. If a Board Member knows in advance of a conflict for the subsequent months, they are required to notify the Secretary.
- Board Members are responsible for their own awareness and compliance with attendance expectations.
- Any violation of the bylaws or policies will be addressed through the Executive Council.

Name: _____

Signature: _____

Date: _____