



COYOTE VALLEY

Band of Pomo Indians

COYOTE VALLEY BAND OF POMO INDIANS
APPLICATION TO SERVE ON TRIBAL COMMITTEES AND COMMISSIONS

DATE _____

NAME _____
LAST FIRST

PHYSICAL ADDRESS _____
STREET CITY STATE

MAILING ADDRESS _____
STREET CITY STATE

HOME PHONE () _____ CELL () _____ WORK () _____

PLEASE INDICATE THE COMMITTEE YOU WISH TO SERVE _____

BRIEFLY DESCRIBE YOUR EMPLOYMENT/PROFESSIONAL EXPERIENCE: _____

AVAILABILITY: MORNINGS AFTERNOONS NIGHTS
() Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

WHAT CAN YOU CONTRIBUTE TO THE COMMITTEE/COMMISSION?

WHAT DO YOU WANT TO ACHIEVE BY PARTICIPATING ON THIS COMMITTEE/COMMISSION?

SIGNATURE

DATE

Revised 8/21/15 MLD

PLEASE ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED

