

Karuk Community Health Clinic

64236 Second Avenue
 Post Office Box 316
 Happy Camp, CA 96039
 Phone: (530) 493-5257
 Fax: (530) 493-5270

Karuk Tribe

**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322
 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue
 Post Office Box 1016
 Happy Camp, CA 96039
 Phone: (530) 493-2201
 Fax: (530) 493-5364

Application for Consideration to Serve on Tribal Committee/Board

This form is available to be used as an optional format for submitting background information about yourself and why you are interested in serving on the appropriate Committee/Board. You do not have to complete all of the questions; they are only intended as a way to get to know you better. Feel free to attach additional pages or a resume if you would like. Yootva!

Name:		Roll Number (if applicable):	
Address:			
Phone:			
Email:			
Committee/Board you are applying for:			

- 1) Please tell us more about yourself and describe why you are interested in participating on this committee or board.

- 2) What experience and educational background do you have that would contribute to your ability to serve on this committee/board? For example, community activities, employment, past service, etc.

- 3) Please describe your knowledge of the purpose for this committee/board.

- 4) What is your vision for this committee/board and what kinds of things would you like to see this group accomplish/achieve for the Karuk Tribe?

- 5) What is your strongest asset that you will contribute to this committee/board?

- 6) Are you available to travel locally and out of state up to twice a year and attend both daytime and evening meetings?

- 7) What training would you be most interested in obtaining to help you become a stronger committee or board member?

- 8) If there were one thing you could change about the Tribe or its operations, what would that be?

- 9) Would you like to add anything else?