

Stewarts Point Rancheria Volunteer Application

Please complete all sections of this form to the best of your ability.

Personal Information:

TODAY'S DATE:

Name:			
Address: (City, State, Zip)			
Home Phone:	Cell Phone:	Email Address:	
Are you a Kashia Tribal Member?		Are you a member of another tribe? If so, which one?	

Name of High School/College/Technical School

Graduated

Employment Information:

Are you Employed? <input type="checkbox"/> No <input type="checkbox"/> Yes ➡	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Looking for job <input type="checkbox"/> Retired <input type="checkbox"/> Student Job Title:		
Employer Name and Address:			
	Work Phone:	Work email:	
Have you ever been employed by the Tribe?			

Skills and Interests:

Languages (other than English):
Professional Licensing or Degrees you hold:
Hobbies/Interests/Special Skills:
Previous Volunteer Experience:
How much time and when are you willing to commit to volunteering at the Tribal Office?
Which Days of the Week/Month:
What Time of Day:

If selected to volunteer, would you have a reliable means of transportation to and from work?

Please explain why you would like to volunteer.

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Background Information:

Have you ever been convicted of a criminal Offense?	Yes		No	
Have you ever been charged with neglect, abuse or assault?	Yes		No	
Driver's License Number or State ID:				

References – List two references other than family members whom we might contact

Name:	Address:	Phone Number:	Relationship:
Name:	Address:	Phone number:	Relationship:

Limitations:

Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of functions? (Example: lifting a certain amount of weight)
Allergies: Yes _____ No _____ If YES, please explain to what:
Any information we should be aware of in an emergency:

Authorization:

I hereby certify that the information set forth in this volunteer application is accurate and complete. I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application. I also understand that if I am selected for a volunteer assignment I may need to submit to a random drug test or provide additional background information including fingerprinting.

Volunteer Signature Print Name Date

If under 18, signature of Parent or Legal Guardian required.

Parent or Legal Guardian Print Name Date

COMPLETE UPON BEGINNING VOLUNTEER SERVICES

Volunteer Emergency Information

Who should we contact in the event there is an emergency?

Emergency Contact:	
Relationship to you:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Alt. Emergency Contact:	
Relationship to you:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Kashia Band of Pomo Indians of Stewarts Point Rancheria
1420 Guerneville Road, Suite 1
Santa Rosa, CA 95403
707-591-0580
707-591-0583 fax
tribalofc@stewartspoint.org

Volunteer Waiver

Kashia Band of Pomo Indians

Volunteer Waiver

financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Kashia Band of Pomo Indians beyond what may be offered freely by the representative of the Kashia Band of Pomo Indians in the event of such injury or medical expense.

I hereby release the Kashia Band of Pomo Indians from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Kashia Band of Pomo Indians.

I understand that my time with the Kashia Band of Pomo Indians may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Kashia Band of Pomo Indians from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Kashia Band of Pomo Indians.

I grant unto the Kashia Band of Pomo Indians all rights, title, and interest in any and all photographic images and video or audio recordings that are made by the Kashia Band of Pomo Indians during my work with the Kashia Band of Pomo Indians, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the Kashia Band of Pomo Indians, and that this Waiver shall be governed by and interpreted in accordance with the laws of the Kashia Band of Pomo Indians of Stewarts Point Rancheria. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable. Nothing in this waiver shall constitute a waiver of immunity by the Kashia Band of Pomo Indians of Stewarts Point Rancheria.

Kashia Band of Pomo Indians

Volunteer Waiver

Volunteer's Signature

Date

Print Volunteer's Name

CONFIDENTIALITY AGREEMENT

I, _____, hereby acknowledge that in my capacity as an elected official / employee / committee member / volunteer/ advisor/ investor /agent/ contractor of the Kashia Band of Pomo Indians of the Stewarts Point Rancheria, I may have access to or generate sensitive, propriety and/or confidential Tribal information and/or documents related to economic development, landholdings, business proposals, plans and strategies, Tribal member personal information, cultural resources and/or other matters which could be harmful to the interests of the Kashia Band and/or its members if released to any unauthorized person.

I therefore agree not to disclose, disseminate, share or discuss with any person, both during and after the term of my position with the Tribe, without the express prior approval of the Business Committee, any such "Confidential Information" or any Tribal business matters relating to my duties or any other information obtained while working for, with or on behalf of the Kashia Band of Pomo Indians of the Stewarts Point Rancheria.

For the purposes of this Agreement, I understand that the term "Confidential Information" means any information, document or material that is proprietary to the Tribe, and includes without limitation:

- Documents containing information regarding the financial and other affairs and operations of the Tribal government
- Documents containing information regarding economic development or other business records and plans of the Tribe, any Tribal member, or any third party seeking or proposing to engage in, or engaged in, any business with the Tribe or any Tribal member
- Financial statements of any party
- Personnel / payroll records of any party
- Maps, diagrams or other documents depicting cultural sites and other locations or plans the Tribe deems sensitive
- Documents containing information regarding Tribal Members / Minors and other confidential member information
- Any document stamped "confidential"

I hereby acknowledge and agree that, if I disclose, disseminate, share or discuss any Confidential Information with any person, at any time either during or after the conclusion of my term of office / employment / appointment/ contract with the Tribe, without the express prior authorization of the Business Committee, I may be subject to removal from my position/cancellation of the contract with the Tribe as well as monetary damages and such other penalties and relief as the Tribe may seek against me under any applicable law in any appropriate forum.

OFFICIAL / EMPLOYEE / APPOINTEE:

Signature _____

Date: _____

Printed Name: _____