

Non-Member

**Habematolel Pomo of Upper Lake**  
P.O. Box 516 Upper Lake, CA 95485 ~ Ph: 707-275-0737 Fax: 707-275-0757

Member

**VACANCY REQUEST FORM**

Name: \_\_\_\_\_  
First Name, Middle Initial & Last Name

Vacancy Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip Code County

Home / Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

➤ Indicate how long of a term you will be able to commit to (i.e. 1-year, etc.): \_\_\_\_\_

➤ Are you available to make quarterly, monthly and/or special meetings on a regular basis?  CHECK ONE  
**YES** **NO**

➤ Reasons for Volunteering (Describe your interests to the vacancy and why you wish to be appointed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If appointed:*  CHECK ONE

1. Would you complete a drug screening as per the requirement under the Tribe's Federal Grant funding? **YES** **NO**

2. Would you commit to and comply with the Tribe's Fiscal & Personnel Policies and Procedures including Tribal Committee & Delegate Operating Procedures, which apply to Volunteers? **YES** **NO**

3. Would you commit and be willing to submit written reports to the the Tribal Office/Executive Council on a timely basis (30-days following a mtg./trip)? **YES** **NO**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Executive Council Chairperson*

\_\_\_\_\_  
*Date*

Approved:  Disapproved: