



TRIBAL COURT PROGRAMS

THE CONFEDERATED TRIBES OF GRAND RONDE

PEACEMAKER APPLICATION

Court Staff is available if Applicant needs help completing this form

Name: _____
Last First M.I.

Address: _____
Street or P.O. City State Zip

Phone: _____
Home Work Cell

E-Mail Address: _____

Date of Birth: _____ [] Male [] Female

Social Security #: _____ **Tribal Enrollment #:** _____

Drivers License: _____ **Suspended?** [] Yes [] No

If yes, please explain: _____

Contact Person: _____ **Relationship:** _____
Name

Address: _____ **Phone:** _____

Are you free to conduct peacemaking sessions during the following times?

Monday - Friday from 8:00 a.m. to 5:00 p.m.? Yes [] No []

Evenings? Yes [] No []

Saturday or Sundays? Yes [] No []

Please indicate any days you are **NOT** available: _____



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Please describe any experience you have had which relates to your role as a peacemaker (e.g. mediator, arbitrator, etc.):

What are your reasons for wanting to serve as a Peacemaker?

Have you served on any Tribal boards or committees? Yes [] No []

Please list below:

How long have you resided in the community in which you currently live? _____

What Tribal or community events have you been actively involved in?

Do you have knowledge of Tribal customs, and/or traditions? Yes [] No []

Please attach 3 letters of reference from members of your community or the Tribal community. (Not more than one from a relative.)

Signature

Date



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The Confederated Tribes of Grand Ronde

9615 Grand Ronde Road
Grand Ronde, OR 97347-9712

AUTHORIZATION FOR RELEASE OF INFORMATION

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **THE CONFEDERATED TRIBES OF GRAND RONDE** and **STERLING VOLUNTEERS**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for admission to the **CONFEDERATED TRIBES OF THE GRAND RONDE COMMUNITY OF OREGON TRIBAL COURT**. I understand and consent to an investigation that is limited to criminal record history information, motor vehicle driving history, human services inquiry for child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of **THE CONFEDERATED TRIBES OF GRAND RONDE** and **STERLING VOLUNTEERS**, regardless of any previous agreement to the contrary.

I hereby, discharge, exonerate, indemnify and hold harmless the Confederated Tribes of the Grand Ronde Community of Oregon, its agents and representatives, Sterling Volunteers, its agents and representatives, and any person lawfully furnishing information from any and all liability of every nature and kind, all claims, damages, losses and expenses, including reasonable attorney fees, arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Confederated Tribes of the Grand Ronde Community of Oregon, its agents and representatives.

APPLICANT'S FULL NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP CODE

DRIVER'S LICENSE NUMBER STATE

APPLICANT'S SIGNATURE

DATE