

Matthew Elmore
PRESIDENT
David Hawkins
VICE PRESIDENT
Gwen Wolfin
SECRETARY / TREASURER
Ramon Alvarez
BOARD MEMBER
Charles White
BOARD MEMBER



KWAHN CORPORATION
PO BOX 1087
20271 Tamarack Ave
BURNEY CA 96013
Admin: 530-941-5100
Fax: 530-335-2052

Ajumawi . Aporige . Astarawi . Atsugewi . Atwamsini . Hewisedawi . Hammawi . Illmawi . Itsatawi . Kosealekte . Madesi

KWAHN BOARD MEMBER APPLICATION			
CONFIDENTIAL PERSONAL INFORMATION			
Name:		DOB:	
Current Address:			
City:		State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:	
SSN:		Driving License or State ID:	
Have you served on Tribal Council YES / NO	If "Yes" how long:		Band Affiliation:
Have you ever been convicted of a crime? YES / NO		If "Yes" explain:	
All applicants will be subject to a back-ground check			
EMPLOYMENT AND INCOME INFORMATION FOR AT LEAST FIVE (5) YEARS			
Current Employer:			
Employer Address:		How long?	
City:	State:	Zip Code:	
Position:		Phone:	
Duties:		Annual Income:	
Employer:			
Employer Address:		How long?	
City:	State:	Zip Code:	
Position:		Phone:	
Duties:		Annual Income:	
Employer:			
Employer Address:		How long?	
City:	State:	Zip Code:	
Position:		Phone:	
Duties:		Annual Income:	
EDUCATION			
High School:		Address:	
From:	To:	Did you graduate: YES / NO	Degree:
College:		Address:	
From:	To:	Did you graduate: YES / NO	Degree:
College:		Address:	
From:	To:	Did you graduate: YES / NO	Degree:

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AREAS OF EXPERTISE (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Business Operations	<input type="checkbox"/> Business Acquisition	<input type="checkbox"/> Indian Tribes
<input type="checkbox"/> Finance	<input type="checkbox"/> Legal	<input type="checkbox"/> Planning
<input type="checkbox"/> Marketing	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Communication
<input type="checkbox"/> Personnel	<input type="checkbox"/> Community	<input type="checkbox"/> Accounting
<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Other: <i>(Please List)</i>	
REFERENCES		
<i>Please list three professional references:</i>		
Full Name:	Relationship:	
Company:	Phone:	
Address:		
Full Name:	Relationship:	
Company:	Phone:	
Address:		
Full Name:	Relationship:	
Company:	Phone:	
Address:		
GENERAL		
1.	Will you be able to attend Council / Board / Committee Meetings:	
2.	Do you have access to computer with internet access?	
3.	How do you feel about teleconference meetings and / or video conferencing?	
4.	What experience do you have living and working with the Native community?	
CERTIFICATION		
If elected as a Board Member to the Kwahn Board of Directors, you assume the responsibility and duty to avoid conflicts of interest between your position as a Board Member and your personal life and keep all information and material confidential to outside parties.		
Signature of Applicant:		Date: