

10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

ICWA Committee Application

This is a voluntary 5-year position to be a member of the Native Village of Eyak Indian Child Welfare Act Committee. The committee will meet once a month to discuss Alaska Native Children that are in the OCS system. Once a month you will meet with the ICWA coordinator to go over cases that the Tribal council have intervened upon and any future cases that the tribe is notified of Children who have entered the OCS system. The committee will hear the details of cases, be made aware of all possible interventions on families and placement of children. The committee will also serve on the Child Advocate program that handles child abuse, child neglect, and sexual assaults. Members must be able to listen to and discuss sensitive details of case.

Personal Information

Name:			
Last	First		
	Middle		
Telephone:	Social Security Number	Mailing	Address:
	other name?		
Are you Alaska Native?	Do you have a C.I.B?		
If yes tribe of origin:			
Are you a legally eligible	le for employment in the United States:	Have you	ever been
convicted of a felony?			
• • •	the date of conviction, where the charges were defined case number.	termined, the	
Have you ever been co	invicted of a misdemeanor involving violence, mind	ors under the	



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This position is about children subject to the Indian Child Welfare Act,	Indian	Child
Protection and Family Violence Protection Act:		

•	en arrested or charged in connection with sex minor or adult?	kual abuse or
If yes, identify the	date of conviction, where the charges were of ge and case number	determined, the
Have you ever been	en arrested or charged with Domestic Violenc	ce?
	date of conviction, where the charges were of ge and case number.	
		·
<u>Education</u>		
High school:	Address	From:To
	Did you graduate	
College	Address	
From:To	Did You Graduate	
<u>Military Service</u>		
Branch:	FromTo	
Rank at Discharge:	Type of Discharge:	
If other than honorable ex	xplain:	



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Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Company:	Relationship:Phone:
;	
Icertify	the information provided on this application is
	tive Village of Eyak to investigate the information



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