



Gila River Indian Community

AKIMEL O'ODHAM/PEE-POSH YOUTH COUNCIL

Celebrating 25 Years of Dedicated Service & Advocacy for Gila River Youth

Application for Membership

Information Data:

Full Name: _____
Last First Middle

Current Street Address: _____
Street/Name District/Zone

Mailing Address: _____
Street/Box City State Zip

Mobile : (____) _____ Home/Other : (____) _____

Email: _____

Facebook, etc: _____

Current School or Place of Employment: _____

Tribal Heritage:

Tribal Descent: _____ Enrollment#: _____

Indian Name: _____ Meaning: _____

Personal Information:

Birthdate: _____ Birthplace: _____

Parent/Guardian
Names: _____
Father Mother

Tribal Descent: _____
Father Mother

Education:

Junior High & High School College or Trade School Attended	Degree, Diploma, or Certificate	Year Begun	Year Ended

Career Summary:

Company or Institution	Last Title and Position	Year Begun	Year Ended

Civic Activities:

List your present involvement with tribal programs and other community activities: service clubs, volunteer work, religious work, civic, or school related activities. If additional space is needed, include separate sheet.

Name of Organization Affiliation/Institution	Major Office held	Year Begun	Year Ended

Honors & Awards:

Organization Presenting Award	Awards, Decorations, Honors, Etc.	Year Begun	Year Ended

Character References:

(List three characters references that are **not** related to you.)

1. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Years Known: _____

2. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Years Known: _____

3. Name: _____ Occupation: _____

Address: _____
Street/Box No. City State Zip

Telephone: (____) _____ Years Known: _____

I submit this application to the Akimel O'odham/Pee-Posh Youth Council and do solemnly swear that the contents contained herein are true to the best of my knowledge and I understand that any false, erroneous, or incomplete information may result in my disqualification.

Your signature is required to validate application information.

Applicant Signature Date

Scan & Email to: YouthCouncil@gric.nsn.us
Or Fax to: (520) 562-3621
Or Mail to: P.O. Box F, Sacaton, Arizona 85147
Call for more information: (520) 562-1866