



# TRIBAL COURT PROGRAMS

## THE CONFEDERATED TRIBES OF GRAND RONDE

### TRIBAL MEMBER REVIEW BOARD (TMRB)

### VOLUNTEER APPLICATION

*Court Staff is available if applicant needs help in completing this form.*

Name: \_\_\_\_\_

Tribal Enrollment #: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Mailing City State Zip

Phone: \_\_\_\_\_  
Home Work Cellular

E-Mail Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Suspended? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Mailing City State Zip

Phone: \_\_\_\_\_  
Home Work Cellular

### AVAILABILITY

**Are you free to attend reviews during the following times:**

Monday – Friday from 8:00 a.m. to 5:00 p.m.? ☐ Yes ☐ No

Would you be available evenings? ☐ Yes ☐ No

Would you be available Saturday or Sundays? ☐ Yes ☐ No

Please indicate which days/time you are unavailable: \_\_\_\_\_



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*The following questions are used to select a board that is representative of the community:*

**Date of Birth:** \_\_\_\_\_

**Gender:** ☐ Male ☐ Female

Last Year of School Completed: \_\_\_\_\_ College Degree: \_\_\_\_\_

Have you had any experience or education in the following fields? (Please check all that apply)

Law ☐

Medicine ☐ Psychology ☐

Social Work ☐

If yes, please describe your experience: \_\_\_\_\_

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Are you or have you ever been a foster parent? (If yes, list years below): \_\_\_\_\_

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Have you ever been an adoptive parent? (If yes, list years below): \_\_\_\_\_

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Please describe any experience you have had which relates to the care of children (e.g. child advocacy, adoption, family care, foster care, etc.):

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Why do you want to serve on the Tribal Member Review Board (TMRB)?:

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Have you served on any other boards or committees? ☐ Yes ☐ No If yes, please list below:

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

Do you have any experience working in groups? ☐ Yes ☐ No

Please describe: \_\_\_\_\_

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**REFERENCES:** Please list three references (no more than one relative reference):

1)

Name:		Relationship:	
Address:		Phone Number:	

2)

Name:		Relationship:	
Address:		Phone Number:	

3)

Name:		Relationship:	
Address:		Phone Number:	

May we telephone the above references? ☐ Yes ☐ No

**I understand that the Court will conduct a criminal records check. The existence of a criminal record may or may not qualify an applicant from appointment. I understand that my application does not insure appointment to a review board. I understand that as a member of the Tribal Member Review Board, I must complete orientation and continued learning as established and directed by the Court. I understand I will swear or affirm to the Court, under oath, that I will perform my duties as required, and will keep confidential the information reviewed by the Board and Board's activities and recommendations in individual cases. I also understand that if I violate my duties, or my duty of confidentiality, I will be subject to sanctions, including removal, and public reprimand.**

Name: \_\_\_\_\_ 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 **MAXIMUM REPORTS, INC.**, 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 **MAXIMUM REPORTS, INC.**, 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, Maximum Reports, Inc., 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