

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

MNI LUZAHAN WICONI ADVISORY COMMITTEE

Full Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Tribal Affiliation: _____

Do you use the Rapid City Service Unit for your healthcare?

Please tell us why you wish to be a part of this committee.

Please tell us about any experience, skills, education, or knowledge you possess that would bring benefit to the committee if you were a member.

Are you an employee or related to an employee of the Great Plains Tribal Chairmen’s Health Board or Sioux San Indian Hospital? (The conflict of interest form will need to be signed.)

“No employee, officer, or agent may participate in the selection, award, or administrations of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest or a tangible personal benefit from a firm considered for a contract.”

Are you willing and able to commit to the time required for this committee? (8 hours, once every month.)

I agree that everything on and attached to this form (resume optional) is correct and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please attach your resume (optional) to this form and send to GPTCHB, to the attention of Lindsay Huffman by mail at 2611 Elderberry Blvd, Rapid City, SD 57701 or email at lindsay.huffman@gptchb.org or by fax to 605-721-1932. We appreciate your interest in serving with the Mni Luzahan Wiconi Advisory Committee and look forward to reviewing your application. If you have any questions, please contact Lindsay Huffman at 605-721-1922.

Disclaimer: All information in this application will be private and confidential. It will only be used for the Mni Luzahan Wiconi Advisory Committee.