204 Siginaka Way Suite 300, Sitka, AK 99835 907-747-3207 www.sitkatribe.org

Sitka Tribe of Alaska Volunteer Application

Last Name	First Name	Middle Name
Previous or Other Names Used		
Mailing Address		
Street or P.O. Box		
City, State and Zip		
Contact Information		
Email address		
Daytime phone number	Evening phone number	Cell phone number

Under STA ordinance, STA is required to ask you to disclose information about any criminal convictions of a crime involving a sexual offense because STA ordinance prohibits individuals who have been convicted of any crime involving a sexual offense from volunteering or contracting with STA where the position involves regular contact with or control over Indian children, interacting with the public, or acting as spokesperson for STA, including committee or commission chairs or vice chairs who are authorized to speak on behalf of STA, and individuals who travel on behalf of STA. **All information provided is considered confidential, will only be used only for determining eligibility for positions at STA, and will not be released without the express written consent of the applicant.**

1. Do you currently have any criminal charges pending against you? ☐ Yes ☐ No

2. Have you ever been convicted of or plead no contest to any sexual offense, including but not limited to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution? ☐ Yes ☐ No

Please check all that apply:

☐ I will, on behalf of STA: travel, interact with public, work with children; or be authorized to speak for STA

☐ I will have regular contact or control over Indian children (also submit **supplemental employment application**)

Applicant Consent to Release of Information, Liability and Reference Information

I affirm under penalty of perjury that the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I am aware that, should investigation at any time disclose misrepresentation, omission or falsification, my application will be rejected.

I hereby authorize STA to obtain any information pertaining to my criminal record. I understand that a criminal history record check is a condition of volunteering or contracting and consent to a criminal history record check. I hereby release STA and any person furnishing information to STA as authorized above from any liability or damage which may result from furnishing the information requested.

A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.

_____ _____ _____

Signature (must be signed in ink) STA applicant position Date