

Montana & Wyoming Native Youth Academy 2010

Best Western KwaTaqNuk – Polson, MT / April 15-16, 2010

APPLICATION for **Clan Leader Training**

Application Deadline: March 17, 2010

(COST for training is FREE; lodging will be covered for the first 20 accepted applicants)

This Event is Co-Sponsored by Special Diabetes Program for Indians, Indian Health Service, Montana/Wyoming Tribal Leaders Council, Tribal Programs & other local organizations.

Name:	Tribe:	
Address:	City:	State/Zip:
Phone:	Cell Phone:	Sex: Male Female
Email:		
Special Qualifications:	Date of Birth:	
Please Return Completed Form to:		
Billings Area IHS– Health Promotion, P.O. Box 36600, 2900 4 th Ave. North – Billings, MT 59107		
or FAX to: 406/247-7224 or 7231		

Please tell us more about yourself: (Please use back or separate sheet if necessary)

1. Why do you want to be a Clan Leader at the Native Youth Academy?
2. List THREE strengths and explain each:
3. Define what it means to be Native:

You will be subjected to a background check for the protection of our youth.

Is there any reason to believe you will not pass a background check? YES NO

Do you have any past, present or pending violations against children: YES NO

Signature: _____ Date: _____

For more information please contact:

Alissa Bell, IHS, Office of Health Care Programs at 406-247-7115; Stephanie Iron Shooter, TLC Planting Seeds of Hope sironshooter@mtwytlc.com or Don Wetzel Jr. , TLC Planting Seeds of Hope at 406-252-2550 or dwetz@mtwytlc.com

