

Flower ov Life Washitaw Amexem West
Province Application

Name at Birth _____:

Date of Birth: _____

Place of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Email Address: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Mother's Name at Birth: _____

Father's Name at Birth: _____

Under penalty of perjury, I certify that the above is true, correct, and complete to the best of my knowledge and belief.

Date: _____ Signature: _____

Skills and Abilities _____

Work Experience: _____

Certifications, Diplomas or Degrees: _____

How did you hear about the Tribe: _____

What Expectations do you have for the Tribe: _____

What Goals can the Tribe help you Achieve: _____

If asked, Which Department or Agency would you like to serve: _____

Do you have any disabilities that may prevent you from serving in a Department or Agency _____

Would You be Interested In Serving In a Department or Agency: _____

Which Would you like inclusive to your Tribal Name: (ex...John Doe El-bey, Israel, Tunica, Washitaw, Yaqob, Yah Bayit, Yah-Bey)
