



Ethics Advocate Application

		Арр	licant	Information			
Full Name:						Date:	
	Last	First			М.І.		
Address:	Street Address						Apartment/Unit #
	City				State		ZIP Code
Phone:				Email <u>:</u>			
EBCI Enrollment No.:				EBCI Township:			
Please list a Members set the capacity Official as de Cherokee Co 45.1(a)(1):	rving in of Tribal efined by						
Do you have against you	e any pending criminal charges at this time?	YES	NO □	If yes, when?			
Have you ev	ver been convicted of a felony?	YES	NO □				
lf yes, expla	in:						
			Edu	cation			
High School	Diploma/GED?			High School:			
Highest Degree Obtained?			College:				
Field of Stud	ly:						
Additional Experience/Certifications:							

References

Please list three individuals who know you and can comment on your character, integrity and professionalism to serve as an Ethics Advocate.

Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:

Why Do You Want to Serve as an Ethics Advocate?

(Please use the space below to answer the above question. If you need more space, feel free to add additional paper).

Disclaimer and Signature

I certify that my answers are true and complete to best of my knowledge. If this application leads to my selection, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: