



ᏌᏊᏊᏊ Youth Council

Member Application 15'-16'

ᏌᏊᏊᏊ Youth Council

The **ᏌᏊᏊᏊ Youth Council** is a council that motivates, trains, and empowers Osage youth to learn about the value of Osage government, history, culture and language in order to serve in their local communities, as well as represent the Osage Nation at the national level.

The Osage Nation through the formation of the **ᏌᏊᏊᏊ Youth Council** will provide an avenue for Osage youth to be a voice and connect to their community through leadership opportunities and service learning projects. The council encourages collaboration between youth, tribal leaders, tribal organizations, as well as, their community.

To be eligible to serve as a member of the **ᏌᏊᏊᏊ Youth Council**, applicant must:

- ✓ Submit application form
- ✓ **Be between the ages of 14-22 yrs of age.**
- ✓ Submit copy of Osage membership card
- ✓ Be willing to attend monthly council meetings
- ✓ Be willing to serve within your local community through community projects

All applications must be returned by February 12, 2016. They can be returned to the districts Tribal Education Advocate, faxed to (918)287-5220 or emailed to cwood@osagenation-nsn.gov.



OSAGE Youth Council

Member Application 15'-16'

INFORMATION:

First Name: _____ Last Name: _____ Gender: _____

Mailing Address: _____

City _____ State: _____ Zip: _____ County: _____

Email: _____ Age: _____ Date of Birth: _____

Cell Phone: _____ Alternate Phone: _____

EDUCATION:

Grade Level: ☐ High School ☐ College ☐ Workforce Current Classification: _____

School Currently Attending: _____

City _____ State: _____ Zip: _____ County: _____

PARTICIPATION INTEREST: Check all that apply.

Level: ☐ Member ☐ Executive Council

I understand that I hold the Osage Nation, its agents and employees harmless from any and all liability or claims, which may arise out of or in connection with participation with the council. I acknowledge and assume all risks associated with the activities that are engaged in. I have fully read and understand this waiver and in consideration of the acceptance of my entry, for myself and anyone legally acting on my behalf, In the event of illness or injury, I do hereby consent to whatever medical treatment and hospital care are considered necessary in the best judgment of that attending physician and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical services. Further, I grant full permission for the Osage Nation Education Department to use photographs, videos, and other types of recordings of me for any legitimate accounts and promotions of these activities. I waive the Right to inspect versions of my image used for publication or written copy used in connection with the images. I certify that all of the information provide in this application is true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if the applicant is a minor under 18 years of age)