



# MVSKOKE MENTORS



## MENTOR APPLICATION

**Full Legal Name:** \_\_\_\_\_

**List All Aliases (maiden or other):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age:** \_\_\_\_\_

**Tribe:** \_\_\_\_\_ **Roll Number:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Marital Status:**  Single  Married  Common Law  Divorced  Widowed  Seperated

**Veteran:** Yes  No  **Last 4 digits of Social Security Number:** XXX-XX-\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ **Can you receive texts?** Yes  No

*If message #, please list the name of the person to receive the message:* \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Mailing Address

**Street/PO Box/RR:** \_\_\_\_\_

**Apt./Suite/Lot:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Preferred method of contact:**  Call  Text  Email  Mail

**For Call or Text - When is the best time to contact?** \_\_\_\_\_ am or pm

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### How did you hear about Mvskoke Mentors?

- Social Media
- Website
- Radio
- Newspaper
- Community Event
- School Event
- Church
- Ceremonial Grounds
- Friend/Neighbor
- Program Participant - Mentee
- Program Participant - Mentor
- Program Participant - Parent/Guardian
- MNYS Staff
- Other: \_\_\_\_\_

# Residence History

Please list CURRENT address AND any other cities, states, and dates of residency during the past 7 years. Add additional pages if needed.

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (m/year): \_\_\_\_\_ To (m/year): \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (m/year): \_\_\_\_\_ To (m/year): \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (m/year): \_\_\_\_\_ To (m/year): \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (m/year): \_\_\_\_\_ To (m/year): \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (m/year): \_\_\_\_\_ To (m/year): \_\_\_\_\_

**Have you ever been accused of, charged with or convicted of a crime?** Yes  No

*If yes please explain. Include details on probation and/or parole:*

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**Have you ever been accused of, investigated for, charged with or convicted of neglect, physical, or sexual abuse?** Yes  No

*If yes please explain. Include details on probation and/or parole:*

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**How are you able to mentor?**  In Person  Virtual/Online  Both

**Currently focusing on virtual mentors due to the pandemic.**

*Do you prefer:*  Lunch Time  After-School

**What days of the week are you available?**  M  T  W  Th  F  Sat

**Do you speak any languages other than English?** Yes  No

*If so, list the languages?* \_\_\_\_\_

**Would you be willing to work with a child who has disabilities?** Yes  No

*If so, please specify:* \_\_\_\_\_

**Are you able to work with persons who come from a different background than yours?** Yes  No   
*If so, please specify:* \_\_\_\_\_

**Would you be able to work with a youth of another sexual orientation?** Yes  No

*If so, please specify:* \_\_\_\_\_

**Why do you want to mentor? /What do you hope to get out of mentoring?**

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# Background Check - Disclosure and Authorization

## Notice - Background Investigation

In connection with your volunteering with the Muscogee (Creek) Nation - Youth Services, the "Company" notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for approval purposes. The reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and American Checked, 4870 South Lewis Ave., Suite 120, Tulsa, OK 74105; Phone: 1-800-975-9876.

For information about American Checked privacy practices, see <http://americanchecked.com/privacy-policy>.

The scope of this notice and below authorization is not limited to the present and, if you are approved, will continue throughout the course of your agreements and allow the Company to conduct future screenings for retention, promotion or reassessment, as permitted by law and unless revoked by you in writing.

### Background Information:

Have you ever been accused, charged or convicted of domestic violence or sexual assault? Mark only one.  Yes  No

If yes, please describe in detail:

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### Acknowledgement and Authorization

By signing below, I hereby authorize the obtaining of consumer reports and/or investigate consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Social Security Number: \_\_\_\_\_

# Release of Information Criminal History

Mvskoke Nation Youth Services (MNYS) requires your consent to obtain information from city and county police departments regarding your application to participate in a voluntary position with the program.

This is a consent for release of information about:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

*I authorize:*

Local Police Department \_\_\_\_\_

County Police Department \_\_\_\_\_

*to provide a written report to the Mvskoke Nation Youth Services of any **criminal allegations, investigations findings, open cases or history**, for the purpose of participating in **Mvskoke Mentors**.*

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*I understand that I can revoke this consent in writing to both the entity giving and the entity receiving the information. Any information already released may be used as stated on the consent. This consent is valid for ninety (90) days from the date the form is signed.*

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Intellectual Wellness

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**Highest Grade Completed:**  GED  High School Diploma  Certificate  
 Technical Degree  Associates Degree  Master's Degree  Doctorate  
 Other: \_\_\_\_\_

## Educational Experience

Where did you attend school? \_\_\_\_\_

Favorite subject(s)? \_\_\_\_\_ Least favorite subject(s)? \_\_\_\_\_

Extra-Curricular Activities? \_\_\_\_\_

Special Education (IEP or 504 Plan)? Yes  No

If Yes, what accommodations do you require? \_\_\_\_\_

What type of grades did you make? \_\_\_\_\_

What subject would you want to tutor if needed? \_\_\_\_\_

Describe your peer relationships in school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Career Goal(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Occupational Wellness

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Current occupation?

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Please provide employment information of the past 7 years with MOST RECENT position held first.  
Add additional pages if needed.

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**What Intangible or Soft Skills do you have?** *(Select all that apply.)*

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Listening         | <input type="checkbox"/> Initiative      | <input type="checkbox"/> Team Player      | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Self Supervising  | <input type="checkbox"/> Adaptable       | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Multi-Tasking       |
| <input type="checkbox"/> Presentation      | <input type="checkbox"/> Flexible        | <input type="checkbox"/> Friendly         | <input type="checkbox"/> Persuasion          |
| <input type="checkbox"/> Dependable        | <input type="checkbox"/> Desire to Learn | <input type="checkbox"/> Honest           | <input type="checkbox"/> Innovator           |
| <input type="checkbox"/> Negotiation       | <input type="checkbox"/> Creative        | <input type="checkbox"/> Decision Making  | <input type="checkbox"/> Problem Solving     |
| <input type="checkbox"/> Leadership        | <input type="checkbox"/> Delegation      | <input type="checkbox"/> Supervisory      | <input type="checkbox"/> Research            |
| <input type="checkbox"/> Respectful        | <input type="checkbox"/> Confident       | <input type="checkbox"/> Collaborative    | <input type="checkbox"/> Reliable            |
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Courteous       | <input type="checkbox"/> Empathetic       | <input type="checkbox"/> Dedicated           |
| <input type="checkbox"/> Organizing        | <input type="checkbox"/> High Energy     | <input type="checkbox"/> Networking       | <input type="checkbox"/> Independent         |
| <input type="checkbox"/> Facilitating      | <input type="checkbox"/> Patient         | <input type="checkbox"/> Coachable        | <input type="checkbox"/> Planning            |

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**What Tangible or Hard Skills do you have?** *(Select all that apply.)*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Complete a Job Application | <input type="checkbox"/> Mechanical Skills          | <input type="checkbox"/> Internet/Social Media Skills         | <input type="checkbox"/> Develop a Budget               |
| <input type="checkbox"/> Complete a Job Interview   | <input type="checkbox"/> Math/Financial Skills      | <input type="checkbox"/> Basic First Aid Skills               | <input type="checkbox"/> Basic Hygiene Skills           |
| <input type="checkbox"/> Presentation Skills        | <input type="checkbox"/> Read a Pay Stub            | <input type="checkbox"/> Rent an Apartment or House           | <input type="checkbox"/> Establish Utilities in My Home |
| <input type="checkbox"/> Computer Skills            | <input type="checkbox"/> Access Community Resources | <input type="checkbox"/> Study Skills                         | <input type="checkbox"/> Apply for Financial Aid        |
| <input type="checkbox"/> Project Management         | <input type="checkbox"/> Cook a Meal                | <input type="checkbox"/> Apply to College or Technical School | <input type="checkbox"/> File Taxes                     |
| <input type="checkbox"/> Writing Skills             | <input type="checkbox"/> Speak on the Phone         | <input type="checkbox"/> Do Laundry                           | <input type="checkbox"/> Clean the House                |

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**Describe your experience volunteering or working with youth?**

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# Financial Wellness

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**Are you comfortable with your financial state?**

Yes  No

*(If No, please explain.)*

**If you needed financial help, where would you go?**

**What tribal or community supports/resources are you aware of to assist a young person if there is a need?**

**What type of transportation do you have access to?**

# Environmental Wellness

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**How do you take care of the environment?** *(Select all that apply.)*

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> Recycle         | <input type="checkbox"/> Reusable Bags   | <input type="checkbox"/> Carpool          | <input type="checkbox"/> Walk/Bike         | <input type="checkbox"/> Conserve Water       |
| <input type="checkbox"/> Buy Local       | <input type="checkbox"/> Garden          | <input type="checkbox"/> Plant a Tree     | <input type="checkbox"/> Educate Self      | <input type="checkbox"/> Conserve Electricity |
| <input type="checkbox"/> Compost         | <input type="checkbox"/> Pick Up Trash   | <input type="checkbox"/> Avoid Littering  | <input type="checkbox"/> Unplug            | <input type="checkbox"/> Use "Green" Products |
| <input type="checkbox"/> Turn off Lights | <input type="checkbox"/> Shorter Showers | <input type="checkbox"/> Use Water Bottle | <input type="checkbox"/> Limit Paper Usage |   |
| <input type="checkbox"/> Other:          | _____                                    |   |  |   |



**What are your Physical Strengths?** *(Select all that apply.)*

- |   |   |
|---|---|
| <input type="checkbox"/> <b>In Good Physical Health</b>   | <input type="checkbox"/> <b>Have Regular Medical Exams</b>            |
| <input type="checkbox"/> <b>Have a Balanced Diet</b>  | <input type="checkbox"/> <b>Have Regular Dental Exams</b>             |
| <input type="checkbox"/> <b>Have an Average BMI</b>   | <input type="checkbox"/> <b>Have Regular Eye Exams</b>                |
| <input type="checkbox"/> <b>CPR Certified</b>   | <input type="checkbox"/> <b>First Aid Certified</b>                   |
| <input type="checkbox"/> <b>Practice Safe Sex</b> (abstinence, use birth control)   | <input type="checkbox"/> <b>Educate Yourself on Physical Wellness</b> |
| <input type="checkbox"/> <b>Take Precautions to Prevent Injuries</b> (wear a seat belt, dispose of old medications, etc.) |   |
| <input type="checkbox"/> <b>Physically Active</b> (if yes, how often: _____minutes for _____days a week)                  |   |
| <input type="checkbox"/> <b>Other:</b> _____  |   |

**Describe any items marked above:**

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## Spiritual Wellness

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**What does spirituality mean to you?**

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**How do you practice your spirituality ?** *(Select all that apply.)*

- Attend Church** (Name of Church:\_\_\_\_\_)
  - Attend Ceremonial Grounds** (Name of Ceremonial Grounds:\_\_\_\_\_)
  - Meditation**                       **Yoga**                                       **Journaling**
  - Self Care Activities**                       **Volunteering**                                       **Gratitude**
  - Art/Music/Acting/Photography etc.**
  - Other:** \_\_\_\_\_
- 

**What are some things that you value?** *(Select all that apply.)*

- Family**       **Honesty**       **Dependability**       **Creativity**       **Humor**
  - Education**       **Courage**       **Patriotism**       **Reliability**       **Loyalty**
  - Commitment**       **Culture**       **Wellness/Balance**       **Faith**       **The Environment**
  - Other:** \_\_\_\_\_
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**Are you satisfied with how your life is at the moment?**    Yes                       No

**Describe your life. What gives your life meaning or what is missing from your life?**

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**Do you know your purpose in life.**    Yes                       No

*If YES, describe your purpose. How does becoming a mentor connect to your purpose or potential purpose?*

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# Emotional Wellness

What gives you joy?

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What are your strengths in each area listed below? (Select all that apply.)

**Family:**  Positive Relationships  Communication  Acceptance  Quality Time

**Friendships:**  Positive Relationships  Communication  Acceptance  Quality Time

**Healthy Activities:**  Physical  Social  Spiritual  Emotional

**Mentors:**  Cultural  Educational  Career  Identity  Inspirational

**Mental Health:**  Aware of Community Mental Health Resources  Know how to Access Mental Health Resources

**Medical Access:**  Use Indian Health Services  Has Insurance  Has a Primary Care Doctor

**Generosity:**  Volunteer  Donate or Raise Money for a Cause  Random Acts of Kindness

**Other:** \_\_\_\_\_

What stresses you?

Current stressors?

Yes  No

Yes  No

Yes  No

Yes  No

How do you respond to stress? (Select all that apply.)  Anger  Anxiety  Depression

Describe your response: \_\_\_\_\_

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What strengths (identified above) help you deal with your stress?

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On a scale of 1-5, how would you rate your overall Self-Image? (Draw an X on the line to show ranking.)

1 - I don't like myself

3 - I like myself

5 - I love myself

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**How would you describe yourself?** (Select all that apply.)

- |                                       |  |                                       |                                      |                                      |                                       |
|---------------------------------------|--|---------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adventurous  | <input type="checkbox"/> Ambitious     | <input type="checkbox"/> Approachable | <input type="checkbox"/> Articulate  | <input type="checkbox"/> Autonomous  | <input type="checkbox"/> Calm         |
| <input type="checkbox"/> Charismatic  | <input type="checkbox"/> Cheerful      | <input type="checkbox"/> Clever       | <input type="checkbox"/> Competitive | <input type="checkbox"/> Confident   | <input type="checkbox"/> Cooperative  |
| <input type="checkbox"/> Courteous    | <input type="checkbox"/> Creative      | <input type="checkbox"/> Curious      | <input type="checkbox"/> Determined  | <input type="checkbox"/> Devoted     | <input type="checkbox"/> Diligent     |
| <input type="checkbox"/> Easygoing    | <input type="checkbox"/> Educated      | <input type="checkbox"/> Efficient    | <input type="checkbox"/> Eloquent    | <input type="checkbox"/> Energetic   | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Experienced  | <input type="checkbox"/> Flexible      | <input type="checkbox"/> Focused      | <input type="checkbox"/> Friendly    | <input type="checkbox"/> Honest      | <input type="checkbox"/> Imaginative  |
| <input type="checkbox"/> Independent  | <input type="checkbox"/> Inquisitive   | <input type="checkbox"/> Insightful   | <input type="checkbox"/> Intuitive   | <input type="checkbox"/> Meticulous  | <input type="checkbox"/> Neurotic     |
| <input type="checkbox"/> Open-minded  | <input type="checkbox"/> Opinionated   | <input type="checkbox"/> Organized    | <input type="checkbox"/> Patient     | <input type="checkbox"/> Perceptive  | <input type="checkbox"/> Persuasive   |
| <input type="checkbox"/> Procedural   | <input type="checkbox"/> Punctual      | <input type="checkbox"/> Quiet        | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Resourceful | <input type="checkbox"/> Responsible  |
| <input type="checkbox"/> Talkative    | <input type="checkbox"/> Technological | <input type="checkbox"/> Trustworthy  | <input type="checkbox"/> Truthful    | <input type="checkbox"/> Thoughtful  | <input type="checkbox"/> Timid        |
| <input type="checkbox"/> Other: _____ |  |                                       |                                      |                                      |                                       |

**How would your friends and family describe you?**

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**How would a young person describe you?**

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**Mental Health Details**

Does your mental health affect your ability to live, love, or laugh? Yes  No

Are you currently in counseling? Yes  No

Have you been to counseling in the past? Yes  No

Have you ever been treated or hospitalized for a mental health issue or disorder? Yes  No

Have you ever self harmed? (*Cutting, burning, drug/alcohol abuse, etc .*) Yes  No

Have you ever thought about killing yourself? Yes  No

Have you ever attempted to kill yourself? Yes  No

**Provide details to any question you answered Yes to above.** (Include time frames, names of counseling agencies, etc.):

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# Social Wellness

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**Describe your Family of Origin:** *(Biological family and/or family that raised you?)*

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**List Siblings Names, Ages and Birth Order:**

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**Describe Your Adolescence:**

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**If in a relationship, what is your Partner's Name and Age:** \_\_\_\_\_

**If you have children list their Names and Ages?** \_\_\_\_\_

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**Parenting Style/Discipline:**

*(If you do not have children, describe how you have cared for/disciplined other children.)*

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**Describe a time you worked with a youth who was resistant and what did you do to engage with that youth?**

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**Who Lives with You Currently:**

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**Do the people you live with get along with each other?** *(No arguing, hold grudges, etc.)* Yes  No

**Does anyone in your family get into physical fights?** *(Pushing, kicking, etc.)* Yes  No

**Do you feel safe in your home?** Yes  No

**Has child welfare ever been involved with your family?** Yes  No

**Describe any Yes responses:**

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**Describe your current friendships:** \_\_\_\_\_

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**List five people who are permanent connections for you:**

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**What are some cultural activities in which you participate?**

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**What is your clan?** \_\_\_\_\_  By Birth  Descendant of  Unknown

**What are some organizations/clubs/groups in which you participate?** *(Select all that apply.)*

- |  |                                      |  |   |   |
|--|--------------------------------------|--|---|---|
| <input type="checkbox"/> Religious     | <input type="checkbox"/> Sports      | <input type="checkbox"/> Theater         | <input type="checkbox"/> Consumer       | <input type="checkbox"/> Neighborhood Association   |
| <input type="checkbox"/> Hobby Group   | <input type="checkbox"/> Political   | <input type="checkbox"/> Alumni          | <input type="checkbox"/> Book Club      | <input type="checkbox"/> Support Group <small><i>(AA/NA, Grieving, Survivors, etc.)</i></small> |
| <input type="checkbox"/> Fan Group     | <input type="checkbox"/> Civic Group | <input type="checkbox"/> Labor Union     | <input type="checkbox"/> Parent Group   | <input type="checkbox"/> Fraternity/Sorority  |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Gaming      | <input type="checkbox"/> Ethnic/Cultural | <input type="checkbox"/> Veterans Group | <input type="checkbox"/> National <small><i>(AARP, PETA, etc.)</i></small>                      |
| <input type="checkbox"/> Arts          | <input type="checkbox"/> Music       | <input type="checkbox"/> Educational     | <input type="checkbox"/> Social Justice | <input type="checkbox"/> Travel   |
| <input type="checkbox"/> Other: _____  |                                      |  |   |   |



# Personal References

Please list the names, addresses and phone numbers of four people you would like to use as a character reference. (Only people you have known for at least a year).

**(List one relative living OUTSIDE of the home.**

**If you have an Adult Child living outside of your home, please list that Adult Child here.)**

**Related Reference Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NON Related Reference Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NON Related Reference Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NON Related Reference Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Hobbies/Interests

- |                                       |                                      |                                      |                                      |   |  |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Music        | <input type="checkbox"/> Singing     | <input type="checkbox"/> Sports      | <input type="checkbox"/> Poetry      | <input type="checkbox"/> Weight Lifting | <input type="checkbox"/> Fishing             |
| <input type="checkbox"/> Hunting      | <input type="checkbox"/> 4-Wheeling  | <input type="checkbox"/> Shopping    | <input type="checkbox"/> Reading     | <input type="checkbox"/> Family Time    | <input type="checkbox"/> Gaming              |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Leadership  | <input type="checkbox"/> Animals     | <input type="checkbox"/> Blog/Vlog   | <input type="checkbox"/> Social Media   | <input type="checkbox"/> Writing             |
| <input type="checkbox"/> Exercising   | <input type="checkbox"/> Hiking      | <input type="checkbox"/> Technology  | <input type="checkbox"/> Boating     | <input type="checkbox"/> Biking         | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Academics    | <input type="checkbox"/> Camping     | <input type="checkbox"/> Swimming    | <input type="checkbox"/> Science     | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Photography         |
| <input type="checkbox"/> Cooking      | <input type="checkbox"/> Parks       | <input type="checkbox"/> Movies      | <input type="checkbox"/> Board games | <input type="checkbox"/> Church         | <input type="checkbox"/> Painting            |
| <input type="checkbox"/> Farming      | <input type="checkbox"/> Photography | <input type="checkbox"/> Computers   | <input type="checkbox"/> Sewing      | <input type="checkbox"/> Knitting       | <input type="checkbox"/> Beading             |
| <input type="checkbox"/> Crafts       | <input type="checkbox"/> Reading     | <input type="checkbox"/> Electronics | <input type="checkbox"/> Drawing     | <input type="checkbox"/> Pottery        | <input type="checkbox"/> Auto Mechanics      |
| <input type="checkbox"/> Other: _____ |                                      |                                      |                                      |   |  |

## List any and all Social Media Names/Handles:



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

## How do you participate in your community?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Volunteering     | <input type="checkbox"/> Voting           | <input type="checkbox"/> Advisory Group    | <input type="checkbox"/> Tribal Community Center      |
| <input type="checkbox"/> Arts Programs    | <input type="checkbox"/> Poll Worker      | <input type="checkbox"/> Activist          | <input type="checkbox"/> Community Organizations      |
| <input type="checkbox"/> Promoting Causes | <input type="checkbox"/> Elected Official | <input type="checkbox"/> Financial Support | <input type="checkbox"/> Community Education Programs |
| <input type="checkbox"/> Other: _____     |   |  |   |

## Verification

By signing my name here, I affirm that the information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CHECKLIST:**  Completed Application  Tribal Enrollment Card  State ID/Driver's License

### RETURN TO:

**MAIL TO:** MNYS, PO Box 580, Okmulgee, OK 74447  
**IN PERSON:** 700 N. Mission, Okmulgee, OK 74447

**FAX TO:** 918-758-2750  
**EMAIL TO:** mvsokomentors@mcn-nsn.gov