LONGHOUSE OFFICER / VOLUNTEER DISCLOSRE STATEMENT

*Complete **ONLY** if you will be serving the program as an officer or volunteer*

Longhouse Officer

- *Longhouse Chief & Assistant Longhouse Chief*
- *Sachem*
- *Property Chief & Assistant Property Chief*
- *Wampum Bearer*
- *Information Chief & Assistant Information Chief*
- *Medicine Man & Assistant Medicine Man*
- *Thundermaker & Assistant Thundermaker*
- *T-Shift Chief & Assistant T-Shirt Chief*
- *Awards Chief & Assistant Awards Chief*
- *Fire Maker & Assistant Fire Maker*
- *Storyteller*

Nation Chief

- *Fire Nation Chief*
- *Earth Nation Chief*
- *Sun Nation Chief*
- *Sky Nation Chief*

Tribal Chief

NATIONAL LONGHOUSE, LTD.

ANNUAL OFFICER/VOLUNTEER DISCLOSURE STATEMENT

Processed By _____
Date: ___/___/___ ☐ Extra page attached
Background check performed: ☐ Yes ☐ No
☐ Eligible ☐ Ineligible ☐ Person Notified
Reason Ineligible: _____
NLL OFFICE USE ONLY *Form: AOD-04-03-06*

For Membership Year: _____ thru _____

National Longhouse, Ltd. does represent that the information gathered in this declaration is solely for the use of National Longhouse, Ltd. and its affiliates for conducting criminal background checks in determining a person's eligibility to serve as an officer or volunteer. National Longhouse, Ltd. does not sell or distribute this information to any third party.

Print Last Name:	Print Legal First Name:	Middle Initial:
Print Legal Address: *(street)*		
(city)	*(state)*	*(zip)*
Social Security Number:	Date of Birth: *(mm/dd/yy)*	

I will be serving as an officer/volunteer to the following: (*check all that apply*)

☐ National Board of Elders: (*print title*) _____

I wish to remain or be declared: ☐ an Active Elder ☐ an Inactive Elder ☐ Permanently Resigned

☐ National Council of Officers: (*print title*) _____

☐ Regional Advisory Lodge:
(*print title & lodge* name) _____

☐ Local Longhouse::
(*print title & Longhouse name*) _____

☐ Other: (*Serving in what capacity?*) _____

I understand that it is the policy of this organization to conduct random criminal background checks in order to protect the integrity of the NATIONAL LONGHOUSE® programs and the safety of its participants. I do hereby consent to a criminal background check being conducted, consent to the use of my Social Security Number for this purpose, and permit the use of this information in evaluating my role within this organization. I do further represent that I have not been convicted of a crime involving a child, theft, fraud, or deception, and that I have not been charged with a crime involving moral impropriety or sexual exploitation of a minor where such charges have not been dismissed.

Officer's signature _____ Date ____/____/____