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WAHZHAZHE YOUTH COUNCIL

The **ፋፈፋፋ (Wahzhazhe) Youth Council** is a council that motivates, trains, and empowers Native American youth to learn about the value of tribal government, 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 **ፋፈፋፋ Youth Council** will provide an avenue for Native American 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 **ፋፈፋፋ Youth Council**, all required and requested documents must be submitted:

- ✓ **A completed application**
- ✓ **Copy of tribal membership card**
- ✓ **Must be between 13 - 24 years of age**
- ✓ **Must attend monthly council meetings**
- ✓ **Must serve within your local community through community projects**

If you have any questions please contact John Leland, Prevention Advisor for the **ፋፈፋፋ Youth Council** at:

Phone: 539-212-2417

Email: jleland@osagehealth.org

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Applicant Information

Last Name: _____ First: _____ M.I.: _____

Mailing Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Tribal Membership: _____

Date of Birth: _____ Age: _____ Gender: Male _____ Female _____

Email Address _____

Facebook _____ Instagram _____

Snapchat _____

Education Data

Grade Level: High School _____ College _____ Workforce _____ Other Classification _____

Name of School/Work Site: _____

City: _____ State: _____ Zip Code: _____ County: _____

Participation Interest

Level: Member Executive Council

Certification

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 the youth council will 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 any medical treatment and hospital care considered necessary in the best judgment of the attending physician or medical staff at the nearest facility.

Further, I grant full permission for the organization and its affiliates and partners to use photographs, videos, and other types of recordings of myself or student in advertising, trade, or any commercial purpose in legitimate accounts and promotions of these activities. I waive the right to inspect versions of my image used for publication or the 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’s Signature: _____ **Date:** _____
(Required if student is under 18)

Protected Records Statement

The information on this application and any supporting documentation attached is collected pursuant to the Osage Nation Open Records Act and has Protected Record status. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the requestor uses the information to perform assigned duties as an employee of the Osage Nation. Others who may request the information are Osage Nation Departments/Programs with which you are receiving or requesting services or the Office of the Osage Nation Attorney General to detect and eliminate fraud.

**Please return your completed form to:
jleland@osagehealth.org**

or

Osage Nation Health System Prevention Department
Attn: WYC Advisor
608 Kihekah Avenue
Pawhuska, OK 74056

