

Kaw Nation Health Advisory Board Interest Card



SUMMARY OF KAW NATION BOARD, COMMITTEE AND COMMISSION MEMBER RESPONSIBILITIES

Pursuant to the Kaw Nation Constitution, the Tribal Council appoints members to boards, committees, commissions, in which a majority of the members must be Kaw Nation Citizens, unless stated otherwise in the Constitution. Under the Tribal Council Rules of Procedure, no Citizen may serve on more than three (3) Governmental Committees, Commissions and Boards and Tribal Council Members may not serve on more than one (1) Governmental Board and Committee. All Boards, Committees, and Commissions shall be accountable to

the Tribal Council and compensation of those serving on the Boards, Committees and Commissions, is set by the Tribal Council unless otherwise provided by the Kaw Nation Constitution or applicable law. Please complete a Kaw Nation Board/Committee Interest Card to be considered for a Governmental Board and Committee. The Tribal Council may ask for individuals to present at a Tribal Council meeting to describe interest, qualifications and availability to serve on the boards. Background checks may be required.

Kaw Nation Health Advisory Board Job Description

Tribal Council appoints at least five (5) and at most seven (7) Board members who serve a term of three (3) years and regularly meet once a month. The Board operates in an advisory capacity by developing long-term strategic plans and recommendations to address community and patient needs. Plans may include, but are not limited to, resource allocation, organizational policies, operational planning, and performance improvement activities. Tribal Council must approve all proposed plans or recommendations. Once approved, the Health Director will implement the plans and recommendations, and the Board will oversee the progress and results.

Please fill out this form if you are interested in serving on the Health Advisory Committee. Turn it into the Tribal Council Secretary or email to trbsecretary@kawnation.gov If you have any questions, please call 580-269-2552 ext. 227.

Name: _____

Address: _____

Phone Number: _____

Email: _____

Please include why you would like to serve on the Health Advisory Board and any other information that you would like to add. _____

Date received: _____ Sent to AG: _____