

**ROSEBUD SIOUX TRIBE COMMITTEE/COMMISSION/BOARD
APPLICATION AND AFFIDAVIT**

DATE: _____ COMMUNITY: _____

COMMITTEE OF INTEREST: _____

NAME: _____

ARE YOU A RST MEMBER? YES ___ NO ___ IF SO, TRIBAL# _____

ADDRESS: _____

TELEPHONE (work) _____ (home) _____ (cell) _____

EMAIL: _____

Are you employed? _____ If so, where? _____

Does your supervisor concur with your application? _____

If so, please provide supervisor approval.

***Background checks are required for Education and Judiciary Committees, Casino Board of Directors, Casino Board of Review, Gaming and Ethics Commissions before your application for nomination is presented to Council.**

ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK? Yes _____ No _____

***RST Resolution No. 2012-07 limits at-large committee members to serve on two (2)
committee/commission/boards at one time.***

LIST ANY RST COMMITTEE, COMMISSION, OR BOARD YOU ARE PRESENTLY SERVING ON.

Brief Biography (education, experience, training, interest in committee/commission/board)

Thank you for your interest in serving the people of the Rosebud Sioux Tribe in this capacity. Your cooperation in completing this application and submitting to the required background check is appreciated. If you are selected for the position you are applying for, you will be notified by the Office of the Tribal Secretary.

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DATE COUNCIL APPROVED _____ TERM _____

**ROSEBUD SIOUX TRIBE COMMITTEE/COMMISSION/BOARD
APPLICATION AND AFFIDAVIT**

AFFIDAVIT

I swear under oath and represent that all facts stated herein to be true and that I may be subject to criminal prosecution for perjury for any false, misleading or material misrepresentation of fact pursuant to the Rosebud Sioux Tribe Law and Order Code, Title V, Chapter 16, Section 1, by execution or signing this affidavit knowing the contents to be untrue.

Dated this _____ day of _____ 2025.

Signature of Applicant

State of South Dakota

County of _____

On the _____ day of _____ 2025, before me, the undersigned Notary Public, the undersigned officer, personally appeared _____, known to me or satisfactorily proven, to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

SEAL

Notary Public

My commission expires: _____

DATE COUNCIL APPROVED _____ 2 TERM _____