EST. 2026

NATIONAL COUNCIL OF INDIGENOUS NATIONS (NCIN)

VOLUNTEER REGISTRATION FORM

Unity ★ Sovereignty ★ Heritage ★ Self Determination

SERVING OUR NATIONS • STRENGTHENING OUR COMMUNITIES • BUILDING A BETTER FUTURE TOGETHER

OUR MISSION
To promote the well-being, sovereignty, cultural heritage, and self-determination of Indigenous Peoples through advocacy, service, education, and community empowerment.

OUR VISION
Empowered Indigenous Nations and communities united in strong, healthy, and self-sustaining futures.

1. PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ **Gender:** ☐ Male ☐ Female ☐ Non-Binary

Tribal Affiliation / Nation: _____

Other Tribal Affiliation (if applicable): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (_____) _____ **Alternate:** (_____) _____

Email Address: _____

Preferred Contact Method: ☐ Email ☐ Phone ☐ Text ☐ Mail

Emergency Contact Name: _____

Relationship: _____ **Phone:** (_____) _____

2. VOLUNTEER INTEREST & AVAILABILITY

Areas of Interest (Select all that apply):

- ☐ Administration & Office Support
- ☐ Public Affairs & Communications
- ☐ Community Outreach & Engagement
- ☐ Event Planning & Coordination
- ☐ Youth Development & Mentorship
- ☐ Education & Training Support
- ☐ Health & Wellness Support
- ☐ Cultural Preservation & Heritage
- ☐ Environmental Stewardship
- ☐ Professional Services Support
- ☐ Fundraising & Development
- ☐ Technology & Digital Support
- ☐ Emergency / Disaster Response
- ☐ Other: _____

Availability (Select all that apply): ☐ Weekdays ☐ Evenings ☐ Weekends ☐ On Call

How many hours per week can you volunteer? ☐ 1–5 ☐ 6–10 ☐ 11–20 ☐ 20+

Preferred Start Date: _____

3. SKILLS, EXPERIENCE & QUALIFICATIONS

Please list your relevant skills, experience, or professional background related to the areas of interest you selected:

_____

_____

_____

Certifications / Licenses (if any): _____

_____

Languages Spoken: _____

Computer / Technical Skills: ☐ Basic ☐ Intermediate ☐ Advanced

Other Special Skills or Talents: _____

_____

4. BACKGROUND & ACKNOWLEDGMENT

Have you ever been convicted of a felony? ☐ Yes ☐ No

(Conviction will not automatically disqualify you from volunteering.)

If yes, please explain: _____

_____

I understand that my service as a volunteer is without compensation and that my participation is voluntary. I agree to uphold the values, mission, and policies of the National Council of Indigenous Nations (NCIN) and to respect the confidentiality of all information I may encounter.

- ☐ I have read and agree to the NCIN Volunteer Policy and Code of Conduct.
- ☐ I consent to a background check (if applicable to my role).

5. REFERENCES

Please provide two (2) references (not related to you):

Reference #1

Name: _____ **Relationship:** _____

Phone: (_____) _____ **Email:** _____

Reference #2

Name: _____ **Relationship:** _____

Phone: (_____) _____ **Email:** _____

6. NCIN DIVISIONS & PROGRAMS YOU CAN SUPPORT

NCIN offers many opportunities to serve across our divisions and programs. Select the areas you are most passionate about helping with:

- ☐ Bureau of Force Response (Safety, Enforcement & Emergency Support)
- ☐ Public Affairs & Government Relations
- ☐ Community Development & Economic Empowerment
- ☐ Education, Youth & Leadership Development
- ☐ Cultural Preservation & Language Revitalization
- ☐ Health & Wellness Outreach & Support
- ☐ Environmental Protection & Sustainability
- ☐ Tribal & Veteran Affairs Support
- ☐ Legal & Policy Research Support
- ☐ Genealogy, Family Heritage & Records Services
- ☐ Technology, Innovation & Digital Solutions
- ☐ Grants, Funding & Resource Development
- ☐ Human Resources & Volunteer Coordination
- ☐ Finance & Fiduciary Support Services
- ☐ Event Management & Logistics Support
- ☐ Communications, Media & Marketing Support
- ☐ Other Specialized Programs: _____

7. AGREEMENT & SIGNATURE

I affirm that the information provided on this form is true and complete. I understand that falsification may result in denial or termination of my volunteer status.

Volunteer Signature: _____ **Date:** _____

8. OFFICE USE ONLY

Application Received: _____ **Application ID:** _____

Reviewed By: _____ **Date:** _____

Background Check: ☐ Completed ☐ Pending ☐ Not Required

Status: ☐ Approved ☐ Approved with Restrictions ☐ Not Approved

Assigned Division / Program: _____

Notes: _____

_____

OFFICIAL NCIN ORGANIZATIONAL MATERIAL
Not a Government Document or Issued Credential
ORGANIZATIONAL USE ONLY

© 2026 NCIN
All Rights Reserved.

This material is the intellectual property of the National Council of Indigenous Nations (NCIN). Unauthorized reproduction, distribution, or use is prohibited.