13394 W Trepania Road
Hayward · Wisconsin · 54843
PHONE (715) 634-8934 · FAX (715) 634-4797 · HR FAX (715) 699-1209

REQUEST FOR LETTERS OF INTEREST

TWO (2) Vacancies on the Board of Directors for

Big Fish Golf Corporation

1 Council Member & 1 member in good standing

Posting Date: **August 27, 2025**
Closing Date: **Open Until Filled**

Qualifications of Board of Directors:

1) Each Board member shall possess the level of business experience and expertise determined by the Tribal Governing Board to be necessary to carry out the duties of a Board member and to contribute to the Corporation.
2) No person who has been convicted of a felony shall sit on the Board.
3) No person who has ever been convicted of any crime involving theft, conversion of money or property, or mural turpitude, as identified by the Tribal Governing Board, shall sit on the Board.
4) No employee of the Corporation of or of the Bureau of Indian Affairs shall be eligible to serve as Director during the time of such employment.
5) No more than one-half (1/2) of the Board members may serve concurrently on the Board of the Corporation and on any other board of a corporation or enterprise of which the Tribe is a majority Member or owner, with the exception of boards or corporation or enterprise of which the Corporation has an ownership interest in.
6) No more than two (2) members of the Tribal Governing Board are eligible to serve as a Board member of the Corporation at any one time, not including an ex-officio Board member as stated in Article XI(B).
7) No more than one (1) Board member may be a non-member of the Tribe.
8) Must be able to pass a background check.
9) Must be able to pass a drug screen.

Duties of Board of Directors:

The Board shall manage the general affairs and business of the Corporation. The Directors shall in all cases act as a Board, regularly convened, by a majority vote, and they may adopt such rules and regulations for the conduct of their meetings and the management of the Corporation as they may deem proper, not inconsistent with this Charter, the Bylaws of the Corporation and applicable Tribal or federal law. A Director shall perform the duties of a Director in good faith, in a manner the Director believes to be in the best interests of the Corporation and with such care as an ordinarily prudent person would use under similar circumstances in a like position. In performing such duties, a Director shall be entitled to rely on factual information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by:

1) One or more officers or employees of the Corporation whom the Board member reasonably believes to be reliable and competent in the matters presented;
2) Legal counsel, public accountants or other persons as to matters which the Board member reasonably believes to be within such person's professional or expert competence; or
3) A committee of the Board upon which the Board member does not serve, duly designated in accordance with a provision of the Bylaws, as to matters within its designated authority, which committee the Board member reasonably believes to merit confidence, but the Board member shall not be considered to be acting in good faith if the Board member has knowledge concerning the matter in question that would cause such reliance to be unwarranted.

Interested Persons Should *Submit a Letter of Interest* with Qualifications
(Please fill out the release and authorization form)

MAIL, FAX OR EMAIL ALL INFORMATION TO:

Lac Courte Oreilles Tribal Government
ATTN: Human Resource Dept
13394 W. Trepania Road
Hayward, WI 54843
Fax (715) 634-4797
HR Fax (715) 699-1209
doreen.debrot@lco-nsn.gov
caroline.yellowthunder@lco-nsn.gov
marilyn.isham@lco-nsn.gov

Tribal preference will apply to qualified applicants in accordance with the Lac Courte Oreilles Policies & Procedures Manual

RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, motor vehicle violations) as well as diplomas, degrees, licenses and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to ensure the accuracy of records obtained during this investigation.

The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

_____ _____

Signature: Date:

_____ _____ _____

Print: Last Name First Name Middle Name

_____ _____

Maiden, former or alias name(s): Social Security Number:

_____ Have you ever been convicted of a felony? Yes_____ No_____

Other names you are known by?

_____ _____

Date of Birth: Driver's License Number:

_____ _____

Tribal Affiliation: Enrollment Number:

Present Address:_____

City:_____ State:_____ Zip Code:_____

How long at present address? _____

Previous Address:_____

City:_____ State:_____ Zip Code:_____

From: (Month/Year)_____ To: (Month/Year)_____