



Pride of the Ojibwe

13394 W Trepania Road
Hayward • Wisconsin • 54843

Phone (715) 634-8934 • Fax (715) 634-4797 • HR Fax (715) 699-1209

«NOTICE»

WOJB Board of Directors

Two (2) Vacancies

OPENING DATE: September 23, 2026

The Lac Courte Oreilles Ojibwe Public Broadcasting Corporation seeks individuals to serve on the Board of Directors. The Board carries out their mission of providing for the communication needs of the people of the LCO area. Requirement; Interest in the future of WOJB and the OPBC

Knowledge in one or more of the following areas would be beneficial;

- Development and Fundraising
- Organizational Planning
- Radio Broadcasting or Information Technology
- Law

Interested individuals should send their letter of request to:

LCO Tribal Government
Attn: Human Resource Department
13394 W Trepania Road
Hayward, WI 54843
Phone (715) 634-8934
Fax (715) 634-4797
HR Fax (715) 699-1209
doreen.debrot@lco-nsn.gov
caroline.yellowthunder@lco-nsn.gov

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:

Other names you are known by?

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

Date of Birth:

Driver's License Number:

Tribal Affiliation:

Enrollment Number:

Present

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ How long at present address? _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

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