

# Southern Oregon Education Service District/

**American Indian/Alaska Native (AI/AN) Educator Cadre**

# application

**Applications must be received by April 22, 2021**

**Contact Information**

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| --- | --- | --- | --- |
| *Full Legal Name Last Name (Jr., II, etc.)* | | *First Name* | *Middle Initial* |
| *Mailing Address* | | | *Home Phone* |
| *City* | | *State* | *Zip Code* |
| *Business Phone* | *Message Phone* | *Cell Phone* |  |
| *E-mail Address* | | | |

**Education Information**

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| --- | --- | --- | --- |
| Name and location of college/university | Type of major | Date of Graduation or Years Attended | Degree/Certificate Earned |
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**Summary of Work Experience in Education / Teaching Experience**

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| --- | --- | --- | --- | --- |
| Dates | | Employer/District Name (List in Chronological Order) | Position Held/ Grades Taught | Describe your teaching experience(s)/duties: |
| From Mo./Yr. | To Mo./Yr. |
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**Summary of Community and / or Education Related Volunteer Experience**

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| --- | --- | --- | --- | --- |
| Dates | | Employer/District Name (List in Chronological Order) | Position Held/ Grades Taught | Describe your teaching experience(s)/duties: |
| From Mo./Yr. | To Mo./Yr. |
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| **Why are you interested in becoming a member of the AI/AN Educator Cadre for Southern Oregon Education Service District (SOESD)?** |
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| **What other experiences do you have and / or what strengths will you contribute to the cadre’s success in advocating for, respecting, and/or understanding cultural differences? What experience(s) do you have with Native cultures?** |
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| **Outline here any skills and experiences you have as a facilitator of adult learning or that you feel would support your success when presenting SB13 training to colleagues.** |
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**References**

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| --- | --- | --- | --- | --- |
| Name | Address | Daytime Telephone | Occupation/Employer | Years Known |
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| **A requirement for the SOESD AI/AN Educator Cadre is participation in continuing professional development in the area of understanding tribal history and cultural contribution. In addition, there is the requirement of helping to co-facilitate at least one SB13 training in your school or district and creating at least one Canvas course for either an elementary or secondary grade level.** |
| ❑ Yes, I will be able to meet these requirements if selected. |

I hereby certify that the information provided on this application and all appended sheets is true and correct. I am the person named in this application, and to the best of my knowledge and belief, the foregoing statements are true and correct in every way.

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Signature of Applicant Date

**Questions or comments contact:**

Tanya Frisendahl

Student Success Act Consultant

Educational Services Team

503-949-1480 (cell)

[tanya\_frisendahl@soesd.k12.or.us](mailto:tanya.frisendahl@state.or.us)

**Mail Original Signed Application to:**

Tanya Frisendahl c/o Nancy Hayes

Southern Oregon Education Service District

101 N. Grape Street, Medford, OR 97501

***AND***

**Email Application to:**

Tanya Frisendahl

[tanya\_frisendahl@soesd.k12.or.us](mailto:tanya.frisendahl@state.or.us)

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