



The Confederated Tribes of the Colville Reservation  
 P.O. Box 150, Nespelem, WA 99155

(509) 634-2200  
 FAX: (509) 634-4116



Wednesday, October 13, 2021

**PEACEMAKER CIRCLE PROGRAM**

**Dear Potential Peacemaker Candidate**

Enclosed are documents relating to your intent to join the Peacemaker Circle as a peacemaker practitioner.

There are several tasks we are asking you to do to complete this process.

**Item #1**, please sign, date and return the Letter of Intent if you are interested in returning to the Peacemaker Circle as a volunteer Practitioner.

**Items #2-3**, there are several standards and practices the Tribes require all of its contractors, volunteers, and employees to comply with which are spelled out in the Acknowledgement Letter. These new guidelines are imposed because of COVID-19. If you are interested in returning to the Peacemaker Circle as a volunteer Practitioner, all of these standards and practices must be implemented. Please read, sign, and date this Acknowledgement Letter about COVID-19 and return this letter to the Peacemaker Circle.

Provide the Peacemaker Circle with a copy of your COVID-19 vaccine card within two days of your return. You may schedule a COVID-19 vaccination by contacting the clinic in your community.

CLINIC	COMMUNITY	CONTACT NUMBER
IHS	Nespelem	509-634-2898
IHS	Omak	509-422-7416
LRCHC	Inchelium	509-722-7006
LRCHC	Keller	509-634-7300

**Item 4**, the Peacemaker Circle volunteer system has changed. Volunteer Practitioners must now apply to be a volunteer in the Peacemaker Circle. Until the Practitioner is admitted to the Peacemaker Circle Program, they will be called Candidates while in the application process. Candidates will now follow a formal application process, training, and a 90 day probationary period.

Please read, fill in the form, date, sign and return the attached

- Item 4a. Practitioner Application,
- Item 4b. Statement of Confidentiality,
- Item 4c. Release of Medical Information which verifies your ability to manage stress without undue harm to your health, and the
- Item 5. Criminal History Background check.



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**Item 5, Administration is requiring a history and background check. Please complete and return the form to the Peacemaker Circle office. Note: if you answer yes to any of the items in Section 5, please use the back of the form or a separate sheet of paper to explain in detail the circumstances and outcomes.**

**A Lead Practitioner, and an alternate, will be identified to review all applications and conduct face-to-face assessments with Candidates. All candidates are to agree to comply with Peacemaker Circle Program policies, standards and practices; demonstrate and practice honorable and respectful behavior both in body language and the spoken word, commit to and known to be in recovery; and maintain confidentiality.**

**There will be an orientation and training process upon Candidate selection.**

**Thank you for your kind attention to this information letter. We look forward to receiving your application and supporting documents.**

**Sincerely,**

**Yvonne Misiaszek  
Administrator**

**Attachments (Cover Letter and Application Forms)**



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Thursday, September 23, 2021

From: Francis Somday, Executive Director

To: All CCT Employees

Re: COVID-19 Vaccination, Social Distancing, Quarantine, Isolation, Contact Tracing, and Related Procedures

In light of the continuing spread of the Delta Variant of COVID-19 and the ongoing risk to the community and staff, I am issuing this memo as both a comprehensive summary and a reminder of the policies and requirements currently in place for ALL CCT employees.

## Vaccination and Exposure of Employees

It is the policy of CCT administration to both encourage and incentivize vaccination by all CCT employees as well as the community. The vaccines have been proven both safe and effective at preventing the spread of COVID-19 and preventing severe disease in those relatively few cases of individuals who are fully vaccinated contracting COVID-19. The hospitals near the Colville Reservation and throughout Washington State are currently full of individuals who have contracted COVID-19 and who are not fully vaccinated.

In the event employees who are fully vaccinated contract COVID-19 or are required to be evaluated or tested by a healthcare provider for COVID-19 due to substantial exposure to a COVID-19 positive individual, those employees will be provided with administrative leave for the duration of the time required to be evaluated, test, quarantine, isolate, or receive health care services related to or suspected to be related to COVID-19.

In order to be considered eligible for administrative leave, fully vaccinated employees requesting administrative leave related to COVID-19 must both contact and verify their status with the HHS Contact Tracing Team and provide evidence of COVID-19 related exposure, evaluation, testing, isolation, or quarantine to their supervisor. The HHS Contact Tracing can be contacted at (509) 634-2998. A voicemail should be left with a good call back number if the line is not immediately answered

When any CCT employee is identified by the HHS Contact Tracing Team as having tested positive for COVID-19 or having been substantially exposed to COVID-19 (a close contact of a COVID-19 positive individual), the Contract Tracer shall provide notice of the positive to the employee's program manager utilizing a form provided by HHS. The employee's program manager shall consider this form sufficient evidence that the employee is eligible for administrative leave if the employee is fully vaccinated (possesses a yellow vaccination verification card provided by HHS). If the employee is not fully vaccinated, the employee is ineligible for administrative leave due to COVID-19 and shall utilize his or her own leave in accordance with the EPMs.



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NO employee is eligible for administrative leave due to COVID-19 unless HHS contact tracers are aware of and have certified that the employee is positive for COVID-19, is awaiting evaluation or test results for COVID-19, or has been placed in isolation or quarantine related to COVID-19 and that certification has been provided to the employee's program manager.

HHS typically receives all testing results of known CCT Tribal Members and CCT employees from the four clinics (IHS and LRCHC) on the Colville Reservation as well as other facilities (including Coulee Medical Center and Mid Valley Hospital) on a daily basis. Employees who test positive however should contact HHS Contact Tracing and should not simply wait to be contacted. Employees who test for COVID-19 at a facility that does not daily report results to CCT HHS **MUST** report the fact that they tested, where they tested, and the results of the test to CCT HHS immediately.

Employees should not act as if or assume they are eligible for COVID-19 related administrative leave or are required to quarantine, etc. simply based on information posted to social media, notices sent home by schools, etc. Employees must verify their exposure status with HHS Contract Tracing prior to seeking leave.

Employees who are unable to be vaccinated due to a health condition that precludes vaccine eligibility (based upon the FDA guidelines for vaccine administration and certified by a licensed health care provider) may request temporary exemption from the vaccination requirement by providing the above required evidence to the HHS Contact Tracing team. Those employees will be provided with evidence of exemption that they can in turn provide to their supervisor. Said employees are eligible for COVID-19 related leave as if they were fully vaccinated, but said employees (for their own safety and the safety of others) are not exempt from the foregoing social distancing or travel requirements.

## Social Distancing

Employees who are not fully vaccinated continue to be required to comply with CDC recommended social distancing and masking guidelines. Employees must at all times wear (visibly on their person) their yellow vaccination certification card issued by CCT HHS as verification of the fully vaccinated status. Employees who are not yet fully vaccinated are required to check-in and complete a health screen in order to enter any CCT facility each day, enter through the front main entry to their building upon reporting each day, wear a mask at all times when not working outside, alone, or at their desk with no other employees or visitors present, and social distance.

Employees who are not fully vaccinated are eligible only for required travel for training purposes approved by the Executive Director and must quarantine for five days (and seek clearance by a health care provider) upon return.



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## Contact Tracing, Quarantine, and Isolation

The HHS Director as Public Health Officer has been authorized by Tribal Code to conduct COVID-19 related contact tracing investigations, quarantine and/or isolate individuals who are suspected of substantial exposure to COVID-19 or who test positive for COVID-19, and to

release individuals from isolation or quarantine following consultation with or upon the recommendation of a health care provider.

Employees MUST comply with contact tracing, quarantine, and/or isolation orders both under this directive and under the EPMs. Employees who fail to do so, by failing to contact HHS contact tracers if they test positive for COVID-19, feel they have been exposed to COVID-19, or are told by a health care provider that they must be tested or quarantine due to COVID-19 exposure (on or off the reservation) are subject to disciplinary action up to and including termination. Employees must be truthful and actively assist in contact tracing when contacted by a Contact Tracer and are subject to disciplinary action up to and including termination if they are found to have provided false or misleading information to a Contact Tracer or the Public Health Officer or fail to disclose information that is important to ensuring a thorough investigation of the case and the safety of the community.

If an employee who is not fully vaccinated is exposed to a COVID-19 positive case and either self-reports to the HHS Contact Tracing Team or is contacted by the Contact Tracing Team, that employee will be informed by the facility at which they test, Contact Tracer, or Public Health Officer that he or she must quarantine. The Contact Tracing team will advise the employee that they must seek medical evaluation and clearance by a health care provider, which typically (but not always) involves testing for COVID-19. They will be informed by their medical provider how long it will take for testing to occur and when and how they will be released from quarantine or, with a positive test result, be placed in isolation and for how long. The medical provider will issue the employee a notice and information regarding quarantine. The Public Health Officer or designee will issue the employee a Quarantine Order.

For individuals who are not fully vaccinated, quarantine typically lasts between 10-14 days at the discretion of the employee's health care provider. An employee may not leave quarantine until released by their health care provider with no symptoms of COVID-19 for a minimum of 24 hours. A health care provider may order testing for COVID-19 sometime between 5-7 days after an exposure to a COVID-19 positive individual. A health care provider will almost always test an individual for COVID-19 who has verified symptoms of COVID-19. Because there are different types of COVID-19 tests, an employee's provider will determine which test to use and when to use it, and an employee may be required to submit to multiple tests depending upon the circumstances. Under Public Health Order, employees who are fully vaccinated but who reside in the same household as an active COVID-19 positive will also be placed in official quarantine until released by their health care provider.

For employees who are fully vaccinated against COVID-19, quarantine following substantial exposure (a close contact with a COVID-19 positive individual) is not automatically required



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unless the employee displays symptoms of COVID-19. Employees who are verified by a Contact Tracer as having been exposed to COVID-19 (a close contact) will be advised to stay home from work (not allowed to return until released), social distance/wear a mask in public in accordance with CDC guidelines, and seek medical evaluation for COVID-19 (clearance and or test at their provider's discretion) between 5-7 days following exposure. If, during that time, an employee develops symptoms of COVID-19, they should seek medical evaluation immediately and follow the instructions of their health care provider. At that time, employees who are fully vaccinated MUST contact HHS Contact Tracing and consider themselves in formal quarantine.

## Other Related Matters

CCT HHS is currently working closely with the schools to ensure that similar procedures following the CDC and State guidelines are in place and followed by all schools on or near the CCT Reservation and has deployed a vaccine message campaign to youth and young adults between the ages of 12-24, the population with the lowest vaccination rates.

Vaccination remains the most effective way to fight and prevent the spread of COVID-19.



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Wednesday, October 13, 2021

**PEACEMAKER CIRCLE PROGRAM**

**ITEM #1**

**\*\*Letter of Intent\*\***

**Peacemaker Program  
Attention: Yvonne Misiaszek  
PO Box 150  
Nespelem, WA 99155**

**This is my letter of intent to apply for the Peacemaker Circle Program as a volunteer Practitioner.**

**I will submit my application and all other required documents as requested to complete this application process.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Active Cell Number**

\_\_\_\_\_  
**Active Email address**



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## PEACEMAKER CIRCLE PROGRAM

### COVID-19 ACKNOWLEDGEMENT LETTER

The purpose of this form is to ensure that all volunteers understand and acknowledge their responsibility to comply with Tribal and public health guidance to reduce the risk of transmission of COVID-19.

I, \_\_\_\_\_, acknowledge and agree to the following terms as a condition of being authorized to work in Tribal facilities.

Within the past fourteen (14) days, I have not tested positive for COVID-19, nor am I aware of being in close contact with someone, including any member of my household, who I know has tested positive for COVID-19, is being tested for COVID-19, or has COVID-19-like symptoms.

I agree that I will leave work or will not come to work in a Tribal facility if I have a fever or other COVID-19-like symptoms; if I am advised to self-isolate or get tested for COVID-19; or if I have been in close contact with someone, including any member of my household, who I know has tested positive for COVID-19, is being tested for COVID-19, or has COVID-19-like symptoms. I agree that I will follow the Colville Tribal Health guidance on when I will be permitted to return to work in a Tribal facility and I will immediately report any positive COVID-19 test, for myself or a close contact, to my supervisor and the Tribal Health Officer, or designee.

I understand and acknowledge the Colville Confederated Tribes emergency order and Return-to-Work guidelines related to the COVID-19 State of Emergency, for mitigating the spread of COVID-19, including doing a daily self-check for symptoms; staying home if I am sick; wearing a cloth face covering while not in my immediate enclosed work area; maintaining social distance by staying at least six feet from others; washing my hands frequently with soap and water for at least 20 seconds or using alcohol-based sanitizers with at least 60% alcohol; avoiding touching my face, eyes, nose, and mouth; cleaning and disinfecting frequently touched surfaces in my workspace; covering my coughs and sneezes; throwing out used tissues and washing my hands; and avoiding shaking hands, hugging, or touching when greeting another person in the workplace as well as refraining from gathering groups of more than 5 unless proper social distancing guidelines can be followed.

I understand and agree to comply with any testing, health monitoring and contact tracing protocols should the Tribal Health Officer determine that such measures are prudent to maintain a safe work environment. I understand that Tribal Health representatives will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information they may obtain from employees. However, I understand and agree that Tribal Health officials may share my COVID-19 related information with





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**certain employees and/or public health officials with a legitimate need to know this information in order to protect the health and safety of the public, such as my chain of command.**

**I agree to comply with instructions concerning access to buildings and spaces on campus, including occupancy limits and building and office-specific signage, including elevator limits, one-way hallways and stairwells, restroom limits, and designated entrances and exits.**

**I understand and agree that Colville Confederated Tribes has the discretion to determine whether I am permitted to be in the workplace, or in a particular building, and at any time may require me to leave and not return to Tribal facilities if it is determined that I have not complied with Colville Tribal or public health policies or guidelines, or if my presence on campus poses a health risk to others.**

**I understand that many of the restrictions placed on employees (including travel restrictions, quarantine requirements, and gathering limits) may be waived if I voluntarily seek and obtain an approved COVID-19 vaccination and demonstrate the receipt of that vaccine by providing evidence to the Tribal Health officials.**

**I have completed and understand the Colville Confederated Tribes COVID-19 training videos for employees.**

**I HAVE READ THIS FORM BEFORE SIGNING IT AND AGREE TO BE BOUND BY ITS TERMS.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**



**PRACTITIONER APPLICATION**

**Item #4a**

<b>Applicant's Name</b>	
<b>Home Address</b>	
<b>Mailing Address</b>	
<b>Home Telephone</b>	
<b>Cell Phone</b>	
<b>Work Phone</b>	
<b>Email Address</b>	
<b>Occupation</b>	
<b>Tribal Affiliation</b>	
<b>Religion/Belief</b>	
<p>You may be contacted by a Practitioner to schedule an interview; the interview process may contain additional questions. Please complete this application by completing the questions below. If you need more writing space, you may add additional pages. Please sign and date additional pages. <i>If all questions are not answered, your application may not be considered.</i></p>	
<b>1. What are the values you live by? Explain why.</b>	
<b>2. What is your understanding of "helping someone to heal."</b>	
<b>3. How would you handle an emotional or unstable client?</b>	
<b>4. How do you handle stressful situations?</b>	
<b>5. What do you believe you can bring to Peacemaking?</b>	
<b>6. What is your definition of culture?</b>	
<b>7. Do you actively participate in religious or spiritual activities? Explain.</b>	
<b>8. How do you feel about religious or spiritual ceremonies or rituals that are different than your own?</b>	
<b>9. How do you deal with conflict?</b>	



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<b>10. Give an example of a time when you could not be tolerant of another person's point of view.</b>
<b>11. How do you define family?</b>
<b>12. Were you "raised" by your grandparents or extended family? Explain.</b>
<b>13. Tell about a set-back you had in life. How did you handle it?</b>
<b>14. Explain the hardest lesson you have ever had to learn.</b>
<b>15. How do you feel about people who have committed crimes or have substance abuse problems?</b>
<b>16. How would you describe yourself to someone who didn't know you?</b>
<b>17. How do you live a balanced and harmonious life? Explain.</b>
<b>18. What does harmony mean to you?</b>
<b>19. Do you know yourself intimately and understand yourself in regards to peace and emotional stability? Explain.</b>
<b>20. Explain about a time you had to "let go" and not control a situation.</b>
<b>21. How much do you know about your family history, ancestry, traditions, and values? Explain.</b>
<b>22. I agree to a 90 day probationary period beginning after completed required training.</b>

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

8.23.19

8.28.19 reviewed



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Wednesday, October 13, 2021

**PEACEMAKER CIRCLE**

**Item #4b**

**CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, agree to comply with the Tribes confidentiality requirements as it pertains to my work with the community and community members.

Confidential Information shall include all information or material that has or could be conveyed, over-heard, or otherwise reported in a peacemaking circle, tribal court, or in private peacemaking meetings. All such verbal or written information or material shall be held in confidence to protect the client; however, reasonable disclosure may occur when reporting to tribal court or when internal program consultation and reporting occurs.

As part of my job, I can access other sources of confidential and personal information. I will only access such sources of information available to me as necessary to fulfill the requirements of my position as a Peacemaker Circle Practitioner.

I understand that I may consult with colleagues regarding clients without fear of breaching confidentiality.

I understand that this statement is renewable at least annually as a reminder about confidentiality and non-disclosure of confidential and private information.

I also understand that “*what is said here, stays here*” as it relates to healing sessions, PMC meetings, and dialogue with colleagues to problem solve cases.

I understand that the only exception to confidentiality is in cases of suspected child abuse or serious harm to another person in which cases the tribal police shall be notified.

The Peacemaker Circle Practitioner confirms an understanding of the confidentiality requirement by signing this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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Wednesday, October 13,

20211

**PEACEMAKER CIRCLE PROGRAM**

**Item #4c**

**MEDICAL RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the health doctor at the  
**Print Name of Practitioner**  
health clinic noted below to release medical information regarding my ability to handle  
stress to perform my voluntary duties with clients who have deep emotional and  
psychological trauma that may be disclosed in peacemaking sessions from time to time.  
(Release to the Peacemaking Circle.)

**Information released by medical provider:**

\_\_\_ patient is healthy to handle stressful situations involving others' emotional  
presentations at all times.

\_\_\_ patient is healthy to handle stressful situations involving others' emotional  
presentations no more than \_\_\_ times per day

\_\_\_ patient is healthy to handle stressful situations involving others' emotional  
presentations no more than \_\_\_ times per week

\_\_\_ patient is not able to handle stressful situations involving others

\_\_\_\_\_  
**Signature of Provider**

\_\_\_\_\_  
**Date**

**NAME OF CLINIC TO PROVIDE INFORMATION:**

\_\_\_\_\_  
**Print Name of Releasing Clinic**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip**

Return released information to the Peacemaker Circle Program, PO Box 150, Nespelem, WA 99155. The purpose for this information is not to bring undue stress upon the requestor due to the type of peacemaking work performed by him/her with troubled clients. Our intent is to protect the health and well-being of our Peacemaking Circle practitioners as well as our clients.

This release will expire on \_\_\_\_\_. (one year)

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**



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## Confederated Tribes of the Colville Reservation

Item #5

### History and Background Inquiry

#### PEACEMAKER CIRCLE PROGRAM

Name of Person Being Cleared:

<b>SECTION 1: Name and Address of CCT Staff to whom the information should be returned.</b>			
Colville Confederated Tribes ATTN: Human Resources Office Post Office Box 150 Nespelem, Washington 99155			
<b>SECTION 2: Name of Program Where Services are Provided.</b>		PEACEMAKER CIRCLE PROGRAM	
<b>Name:</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
			<b>Alias? Give Name:</b>
<b>Present Address: Street City State Zip</b>			<b>Driver's License Number:</b>
<b>Sex:</b>	<b>Date of Birth:</b>		<b>Social Security Number:</b>
<b>SECTION 3: To be Completed by Human Resources</b>			
As an authorized representative of the CCT, I request that a background inquiry be conducted on the person named in Section 2.			
<b>SECTION 4: Completed by the Person Being Cleared.</b>			
I hereby authorize the CCT Tribal Court Office to release to CCT Human Resource Office Background Information relating to my suitability to supervise or have any access to vulnerable persons, including elderly, children, etc.			
<b>SECTION 5: Completed by the Person Being Cleared.</b>			
<b>Have you:</b>			
<b>1. Been convicted of any crime or is there a criminal charge pending against you?</b>			<b>Yes</b>
			<b>No</b>
<b>2. Been released from prison in the last seven (7) years?</b>			
<b>3. Had your named placed on a registry of child/adult abuse in this or any other state?</b>			
<b>4. Been found to have sexually abused or exploited or physically abused any child or elder?</b>			
<b>5. Been denied a license to care for children or the elderly?</b>			
<b>6. Had a license to care for children or elder suspended or revoked?</b>			
If "yes" to any of the above questions, please use a separate sheet of paper to explain the circumstances in detail and attach.			
I HEREBY CRTIFY THAT TO MY KNOWLEDGE THE ABOVE INFORMATION ARE TRUE AND CORRECT. I UNDERSTAND FRAUD OR UNTRUTHFUL ANSWERS TO ANY OF THESE QUESTIONS CAN SERVE AS THE BASIS FOR FINDING ME UNSUITABLE.			
<b>Signature of Person to be Cleared</b>			<b>Date</b>
_____			
<b>Print Name</b>			
_____			