

Adult Packet

GONA (Gathering of Native Americans) Event 2017
Adult Registration Packet

United Indian Health Services, Inc. (UIHS) is proud to announce a Community GONA event to be held at **Morek-Won Community Center near Weitchpec, CA on Monday, Tuesday and Wednesday, August 14-16, 2017.** If you have any questions or need more information, **please contact Sarah Scott at (707)-825-4151 at the UIHS PHV Arcata, CA 95521 office. Or e-mail sarah.scott@crihb.org.**

Please send registration packet to: Sarah Scott at UIHS PHV Arcata, 1600 Weeot Way, Arcata, CA. 95521 or drop off completed registration to any UIHS clinic site in Humboldt or Del Norte County, or fax to (707)-825-5055.

You may also register at the door

Participant Information - (circle all that apply)

Are you a: Youth Service Provider (Social Worker, Tribal Services, etc.)
Community Member

Name _____
Tribe _____
Agency Representing (if applicable) _____
Phone _____
Address _____
Email _____

The GONA curriculum focuses on 4 main overarching themes, including; Belonging, Interdependence, Mastery & Generosity. GONA is a prevention curriculum that builds strength, connections, and hope and also provides youth and community members with skills and life changing lessons to help them cope in an ever-changing world.

The objective of this GONA will be to engage the community in a community wellness effort with a focus on suicide prevention. To empower the local community to bring about positive change and to enable each individual to determine the level of self-care needed to engage in effectively in the community wellness effort.



UNITED INDIAN HEALTH SERVICES, INC.

Healthy mind, body, and spirit for generations of our American Indian Community

Photo/Video/Audio/Name Release Form — Adult

I grant permission to use my photographic image and/or video image and/or audio recording and/or name without compensation, in print, video, online, and/or any other analog or digital media designed for news, informational or educational purposes related to United Indian Health Services, Inc. programs and services.

Print Name _____

Address _____

Phone _____

Signature _____

Date _____

Photo/Video/Audio/Name Release Form — Minor

I grant permission to use photographic and/or video images and/or audio recordings and/or name of my minor child(ren), without compensation, in print, video, online, and/or any other analog or digital media designed for news, informational or educational purposes related to the United Indian Health Services, Inc. programs and services.

Child(ren)'s name(s) _____

Print parent or guardian name _____

Address _____

Phone _____

Parent Signature _____

Date _____



Main Office

Potawatomi Health Village
1600 Weeot Way
Arcata, CA 95521-4734
(707) 825-5000
(707) 825-6747 Fax

Elk Valley Office
2298 Norris Avenue
Crescent City, CA 95531
(707) 464-2919
(707) 464-8218 Fax

Fortuna Health Center
940 Main Street
Fortuna, CA 95540
(707) 725-7988
(707) 725-8088 Fax

Howonquet Health Center
501 North Indian Road
Smith River, CA 95567
(707) 487-0215
(707) 487-1307 Fax

Klamath Health Center
241 Salmon Avenue
Klamath, CA 95548
(707) 482-2181
(707) 482-2191 Fax

Weitchpec Health Center
Highway 96
Weitchpec, CA 95546
(503) 625-4300
(530) 625-4308 Fax