

# PEACEMAKING PROGRAM OF THE NAVAJO NATION



## SIGN-IN SHEET | GROUP LIFE VALUE ENGAGEMENT

TOPIC: \_\_\_\_\_ NAME OF PEACEMAKER / TPS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

*I understand that services through the Peacemaking Program of the Navajo Nation are traditional and based on Diné bi beenahaz'áanii, including custom and k'é. Peacemaking sessions or life value engagements will focus on feelings and sharing teachings. I understand that such engagements may be dynamic dialogues and may sometimes be emotional, in which participants may take time to settle down. It may take a long or short time, but hózhó is striven for and is the goal. The peacemaker or Traditional Specialist will act as a guide and teacher who may scold and educate through stories, but it is up to me to achieve hózhó. Services are confidential. However, Navajo Nation law requires anyone to report abuse or neglect of children, elders, or disabled persons.*

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

6. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

7. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

8. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

9. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_

10. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Census No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Referred By: Choose an item. Signature: \_\_\_\_\_