



Employment Application

Summer Training & Education Program

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Parent Name/Number _____

School Attended: _____ Grade Next Fall.: _____ Tribal Affiliation: **St. Croix Tribal Descendant Other** Tribe/Community

Trails/Camps, Tribal Clinic/Dentist, GEN 100 College Class (11th & 12th grade only next fall), Ojibwe Crafts/Regalia, EPA, Forte Folle Avoine, Behavioral Health, Aging Unit, Grocery Store, St. Croix Gardens, Tribal Center Reception, Maintenance (Hertel) Community Centers (Sand Lake, Danbury, Maple Plain, Round Lake), Housing (16 & 17 yr olds only), Nutrition Site, Head Start, Tribal Court, Burnett Cty. Humane Society

Positions Applied for: **CIRCLE 3 & will be placed where available**

**** The YES Program runs for 6-7 weeks from the end of June through the beginning of August. The students need to be 14 years old by the start date and 18 after the end of the program.**

****Students will job shadow on Tuesdays & Wednesday from 9a-3p & must attend education days in Hertel on Thursdays from 9a-3p. There will be weekly stipends handed out on Thursdays after the education days.**

****PARENTS/GUARDIANS or the STUDENT are responsible for getting to the job shadowing departments & the education days. The YES Program is NOT RESPONSIBLE for transportation.**

****Students need 10 hours of community service prior to starting the YES Program. Hours earned in school can be used. Include proof with application.**

****IF STUDENT IS ATTENDING SUMMER SCHOOL, DRIVER'S ED, CAMPS, or SPORTS, please include calendars in order to receive credit.**

****Students will not be authorized to use tobacco products in a non-ceremonial manner, drugs, or alcohol while enrolled in the program. Students can be terminated at any moment for these violations.****

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

By signing below, I acknowledge and understand the program requirements.

Student

Signature: _____ Date: _____

Parents

Signature: _____ Date: _____

PLEASE HAVE PARENT/GUARDIAN & STUDENT INITIAL BELOW FOR PERMISSION of PARTICIPATION

TRANSPORTATION:

_____(initial) I am aware that I am responsible to get my child to their placement site & education day. Depending on site placement, students may be transported in vehicles per their site duty. Students may also go on walking outings as well.

MEDICAL RELEASE:

_____(initial) I am giving the YES Program, in case of medical emergency, to have my child treated at the Tribal Health Clinic, or possibly a local medical hospital. I will be contacted ASAP by the YES Program Coordinator.

PHOTOGRAPHS:

_____(initial) I understand that photographs can & will be taken of my child & may be used in posters, brochures, Facebook, & newspapers.

ORIENTATION/WORK HOURS/EDUCATION DAYS:

_____(initial) I know that I & my child must attend orientation, be present at their job site for the full day otherwise hours will be docked. If going to miss job shadowing, you need to contact your site director and the YES Program director ASAP.

In case of an emergency or incident please contact:

1. _____ relationship: _____ number: _____

2. _____ relationship: _____ number: _____

PLEASE TURN IN APPLICATION & OTHER NEEDED DOCUMENTS TO:

Crystal Brady email: crystalb@stcroixojibwe-nsn.gov or in person at the education building or to your Native American Coordinator at your school. Applications are due no later than orientation day. Any questions, please call 715-349-2195 x5105 or my cell 715-645-2778. If you call or text my cell, I will return calls/texts when I have a moment.