



## SUMMER YOUTH WORK PROGRAM

### ELIGIBILITY

- ITO Summer Youth Work Program is for enrolled Iowa Tribe of Oklahoma members only. Must provide copy of enrollment card with application.
- This program is designed for youth ages 16-21 to provide tribal members with work experience and gainful skills for the future.
  - Applicant must be at least 16 years of age by **06/25/18**
  - Applicant must NOT turn 22 prior to **08/03/18**
- Applicant must provide a valid Driver's License in order to participate.
- Please return the completed application with required documents by deadline.

### REQUIRED DOCUMENT CHECKLIST

- |   |  |
|---|--|
| _____ Completed Application             | _____ Photo and Liability Release      |
| _____ Signed Statement of Understanding | _____ Transportation Liability Release |
| _____ Drug Screen Acknowledgment        |  |
| _____ Copy of Iowa Tribal CDIB Card     |  |
| _____ Copy of valid Driver's License    |  |

**PLEASE RETURN ALL DOCUMENTS AT TIME OF APPLICATION SUBMISSION.**

**\*\*DEADLINE DATE: **May 1, 2018**\*\***



## SUMMER YOUTH WORK PROGRAM

### NEW APPLICANT

PARTICIPANT INFORMATION				DATE OF APPLICATION:			
Last Name		First		M.I.		(Circle one) <b>Male / Female</b>	
Street Address					Apartment/Unit #		
City			State			ZIP	
Phone			E-mail Address				
Date of Birth			Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ITO Roll No.	
EDUCATION							
Are you a high school student or a college student?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>If yes</b> , Circle current education status ( <i>circle all that apply</i> ):				<b>High School</b>	<b>GED Classes</b>	<b>College</b>	<b>Technical School</b>
Circle current grade level ( <i>circle all that apply</i> ):				<b>8 th</b>	<b>9 th</b>	<b>10th</b>	<b>11th</b>
				<b>12th</b>	<b>Tech 1 Yr.</b>	<b>Tech 2 Yrs.</b>	<b>Tech 3 Yrs.</b>
				<b>College Freshman</b>	<b>College Sophomore</b>	<b>College Junior</b>	<b>College Senior</b>
<b>If no</b> , Circle the Highest Grade Level completed:				<b>8th</b>	<b>9th</b>	<b>10<sup>th</sup></b>	<b>11th</b>
				<b>12th</b>			
Are you currently taking summer courses and/or participating in extracurricular activities?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please circle & list all degrees or certificates you have OBTAINED from the choices below:							
High School Diploma / GED    Date Received: _____    Technical School Degree/Certificate: _____							
Date: _____							
College Degree: _____    Date: _____							
Please list your Educational/Career goals.							
Do you have any special skills? If so, please describe them.							
EMERGENCY CONTACT							
*I give ITO EDU/JPT Program permission to obtain information from the emergency contact listed below.						<b>INITIAL:</b> _____	
Full Name				Relationship			
Primary #				Secondary #			
Address							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
Signature						Date	



**STATEMENT OF UNDERSTANDING**

I verify that I, \_\_\_\_\_ (*print applicant name*), have read the Summer Youth Program Eligibility information and Participant Guidelines and Expectations. I acknowledge an understanding of this information. If determined eligible to participate in the ITO Summer Youth Program I agree to comply with the Expectations and Guidelines.

I further understand that if my employment is terminated, either voluntarily or involuntarily, I will not be able to move to another worksite and it could affect my ability to participate in future services provided by the Iowa Tribe Summer Youth program.

_____	
APPLICANT SIGNATURE	DATE
_____	
PARENT/GUARDIAN SIGNATURE ( <i>IF UNDER 18 YEARS OF AGE</i> )	DATE

Applicant must provide a summer schedule of activities to work for adjustment in work schedule. Please list any dates you will be unable to attend the Summer Youth Work Program:

\_\_\_\_\_



**ACKNOWLEDGEMENT OF DRUG/ALCOHOL SCREENING**

I verify that I, \_\_\_\_\_ (*print applicant name*), acknowledge and understand that I may be subject to drug and/or alcohol screening during my participation in the Summer Youth Work Program.

I further understand that if I or any participant is to report to work under the influence of drugs and/or alcohol, that I will be automatically discharged from the Summer Youth Work Program immediately.

---

APPLICANT SIGNATURE DATE

---

PARENT/GUARDIAN SIGNATURE DATE  
(*IF UNDER 18 YEARS OF AGE*)