



Youth Application

The purpose of the P.L. 102-477 Program is to provide employment assistance and training that will lead individuals into gainful employment and economic self-sufficiency. This youth program is to provide our youth with life skills experience and an opportunity to learn more about Alaska Native issues for qualified applicants between the ages of 14 and 24. If you have any questions, please contact Workforce Development in Tribal Community Services at 907-822-5241.

**NOTE: Applicants MUST submit a completed application AND attach ALL required documentation to be considered. If this application is incomplete or does not have all required documentation submitted, it will not be processed!!
If it does not apply, please write in "N/A".**

Required Documentation:

- CIB or proof of Tribal enrollment
- Proof of identification (Birth certificate, State ID card, or Driver's license)
- Write a personal statement letter (200 word minimum)
- Proof of enrollment in the Selective Service (for males 18 and older only –we will verify your enrollment)
- Proof of military affiliation if applicable (Veteran preference is given)
- Release of Information (please ask for a copy)
- Draft Resume and Cover Letter
- Set up a Urinalysis
- If under 18, ask for a work permit and have a parent or guardian fill it out



**COPPER RIVER
NATIVE ASSOCIATION**

Date received: _____

Received by: _____

Which village are you residing closest to (circle one)? Gakona Cantwell Kluti-Kaah Tazlina Gulkana
Are you enrolled with them? _____ If not, explain: _____

Full name: _____ Social Security Number: _____

Maiden/other names used: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Message: _____ Work: _____

Registered with Selective Service (males 18 and older)? _____ Veteran? _____

Other ways we may contact you (if no other options are available): _____

Parent/Guardian/Emergency Contact Name: _____

Address: _____

Employer: _____ Employer Phone Number: _____

Phone Number: _____ Message Number: _____

Other Parent/Guardian/Emergency Contact Name: _____

Address: _____

Employer: _____ Employer Phone Number: _____

Phone Number: _____ Message Number: _____

Authorized Persons to Pick up Minor:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____



COPPER RIVER
NATIVE ASSOCIATION

Medical Provider: _____

Medical Provider Address: _____

Medical provider Phone Number: _____

Medical Insurance Provider: _____ Policy Number: _____

Any known allergies? _____

If so, explain. _____

Do you require a special diet? _____

If so, explain. _____

Are you taking any medications? _____

If so, do any need to be taken while participating? _____ **If so, Please ask for a Medication Authorization List!**

Highest Grade Completed: _____

High School Name: _____

Did you graduate? If so, when? _____

If not, did you get your GED? _____

Currently enrolled? _____

School Name: _____

Graduated? _____

GPA: _____

Vocational Training School Name: _____

Currently Enrolled? _____

Graduate? If so, when? _____

Date Completed: _____

School activities: _____

Community activities or volunteer work: _____



COPPER RIVER
NATIVE ASSOCIATION

Training (if you received any awards or certificates, please provide them) _____

List any experience you have with operating tools or machinery or any other equipment: _____

List any experience with computer programs and applications, if you have certificates please provide a copy: _____

Employment History - Please list the three most current employers

Employer name: _____ Employer Phone number: _____

Employer Address: _____

Start date: _____ End Date: _____ Job Title: _____

Job duties: _____

Rate of Pay: _____ Reason for Leaving: _____

Employer name: _____ Employer Phone number: _____

Employer Address: _____

Start date: _____ End Date: _____ Job Title: _____

Job duties: _____

Rate of Pay: _____ Reason for Leaving: _____

Employer name: _____ Employer Phone number: _____

Employer Address: _____

Start date: _____ End Date: _____ Job Title: _____

Job duties: _____

Rate of Pay: _____ Reason for Leaving: _____



Statement of Understanding

- I certify that the information given is true and correct to the best of my knowledge. I understand that this information may be confirmed; deliberate false statements are subject to fines and/or imprisonment and permanent expulsion from the program.
- I understand it is my responsibility to submit all of the required paperwork for my application to be processed.
- I will supply a copy of any certifications and/or receipts received as a result of my enrollment in this program
- Federal law governing fraud: whoever (in a matter with the jurisdiction of any department or agency of the United States) knowingly and willfully falsifies, conceals or covers up, by any trick, scheme, device, material fact, or makes any materially false, fictitious or fraudulent statement or entry, or lie in any way, shape, or form, shall be fined not more than \$10,000, or imprisoned not more than five (5) years, or both (Code of Federal regulations).
- I understand that for participants under the age of 18, CRNA will not allow them to be released to anyone other than those listed in this application form.
- I understand that for participants under the age of 18, CRNA will not allow them to be released if anyone who appears to be under the influence of drugs or alcohol.
- I understand that CRNA is mandated to report any suspected cases of abuse or neglect to the appropriate authorities for investigation.

I have read and understand the above (sign and date):

Participant Waiver

- I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the CRNA Youth Program, which may result from athletic activities, use of equipment, or any other activity or physical condition.
- I understand that CRNA and its employees assume no responsibility for loss, damage, illness, or injury to person or property that a participant may sustain as a result of their participation in the CRNA Youth Program or any activities at and/or sponsored by CRNA.
- I expressly acknowledge on behalf of the participant that I voluntarily assume sole risk for any and all illness and/or injuries or losses or damages that result from my child's participation in any activity at or sponsored by CRNA.
- In consideration of CRNA allowing my child to attend this program or participate in any activities held or sponsored by CRNA, I hereby waive, release and forever discharge CRNA, and its employees, from and against any and all rights for any loss, damage, illness, or injury to person or property sustained as a result of my child's participation in CRNA activities.
- My agreement to release CRNA of liability does not include loss, injury or damage that occurs as a result of CRNA or its employees gross negligence of willful, wanton, or reckless misconduct.

I have read and understand the above (sign and date):



Indemnification

I hereby represent and warrant to CRNA that I have the authority to execute this Participant Waiver form on behalf of my child as parent or legal guardian. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I or my child or any other person nevertheless asserts any claim against CRNA arising out of my child participating in the Youth Program activities set forth herein, I agree to indemnify, hold harmless and defend CRNA from and against any and all liability, claims, losses, costs, expenses or damages whether or not such results from negligence of CRNA or from other causes.

I have read and understand the above (sign and date):

Applicant Signature

If signed with an "X", witness Signature

Printed Applicant Name

Witness Printed Name

Date

Date



Statement of Authorization

1. My child had permission to be transported by a CRNA vehicle to participate in all CRNA program activities and related field trips.
2. In the case that my child becomes ill during the program, I will be contacted as soon as possible. If I am unable to be reached, the child's other authorized persons will be contacted. It is my responsibility as the parent or guardian to arrange for transportation to have my child picked up from the activity as soon as possible.
3. My signature authorizes the management and staff of CRNA to act according to their best judgment in the event of a medical emergency and/or routine medical care. I grant permission for emergency medical treatment and/or routine medical care by CRNA staff, a rescue team, private physician, hospital staff, or emergency healthcare staff, under the same circumstances named above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and releases CRNA from any and all liability and/or medical expenses incurred outside of those provided to my child as a beneficiary of CRNA.

I have read and understand the above (sign and date):

Media Release Authorization

I hereby give permission for myself or my child to be photographed and/or recorded during the CRNA Youth Program activities. I understand that photos and videos will be used for keeping a journal of activities, to share PowerPoint presentations, reports, and/or promotional purposes including but not limited to fliers, brochures, newspapers, newsletters, television programs, motion pictures, radio and internet. I understand that although my or my child's photograph may be used for advertising, my or their identity will not be disclosed. I do not expect compensation and that all photos are property of CRNA.

I have read and understand the above (sign and date):
