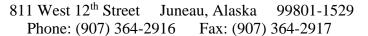


Douglas Indian Association Tribal Government





YOUTH APPRENTICESHIPS and WORK EXPERIENCE OPPORTUNITIES

The Youth Apprenticeship Program is designed to support youth with early college and career exploration pathways to help you envision all the future possibilities.

Our goal is to work with our students to creating meaningful work experience opportunities that promote cultural leadership, professional and educational development, are supported through mentorship and a network of peers.

Work Experience involves developing career readiness skills, creating portfolios for college applications and supporting our communities.

Youth may participate as:

- **4** Artist Apprenticeships
- Language Apprenticeships
- **4** Cultural Apprenticeships
- **♣** Career Exploration Opportunities

QUALIFICATIONS

High school students between the ages 14-18

Alaskan Native / Native American

YOUTH WORK EXPERIENCE APPLICATION:

Name:							
Last			First	Midd	Middle		
Date of Birth:							
Ethnicity:		Alaska Native			■ Native American		

Mailing Address:							
	C	ity		State			ZIP Code
Phone:				E-Mail:			
Education, High S	chool .	Attending:					
Current Grade:	_ _	Freshman Senior	_ _	Sophomore Graduating	0	Junior	
Please List Tlingi	Langu	age Classes C	ompleted	d:			
Please List Other		age Classes Co		:			
Please List Art Cl							
Please List Any A	.dditior	nal Relevant C	oursewo	rk:			
Prior Employmen	. .						
 Organization/ 		ss:					
Address:							
Phone:							
				Rate of Pay:			

2) Organization/Business:	
Address:	
Phone:	
Position Title:	_ Rate of Pay:
Description of Job Duties:	
3) Organization/Business:	
Address:	
Phone:	
Position Title:	_ Rate of Pay:
Description of Job Duties:	
Please List References for Employment (Tea Name:	• •
Type of Working / Educational Relationship:	
Phone:	
2) Please List References for Employment (Tea	chers, Former Employers, Mentors):
Name:	
Type of Working / Educational Relationship:	
Phone:	
Please List References for Employment (Teacher	rs, Former Employers, Mentors):
Name:	
Type of Working / Educational Relationship:	
Phone:	

Please Describe why you are interested in participal Experience Program and what type of work experience	
CERTIFICATION OF APPLICATION:	
I certify that my answers are true and complete to	the best of my knowledge.
Applicant Signature:	Date:
PHOTO/AUDIO/VIDEO RELEASE I	video recordings on their website and ed through grants managed by and sanctioned naring of photo, video and audio recording is ural knowledge in addition to extending have read this release and am signing below pact of this release. Through this release, I f photos, video and audio recordings.
Signature:	Date:
If the person signing is under age 18, there must be	e consent by a parent or guardian as follows:
I hereby certify that I am the parent or guardian of and I do give my consent for the photo/audio/video	
Printed Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	Date: