

_____ Year

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES
Youth Track Application

CHECKLIST

Make sure you have enclosed the following materials:

Letter of Reference

Completed Application

Essay

Signed Student/Parent Contract, Signed Picture Release Statement

Completed Student Emergency Medical Information Form and Parent Contract

THE APPLICATION CLOSING DATE IS April 1, 2009
PLEASE MAKE SURE THAT YOUR APPLICATION AND ALL MATERIALS
ARE POSTMARKED or e-mailed NO LATER THAN April 1, 2009

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES
Youth Track and Conference

Application for Admission

Name: _____

Address: _____ City: _____ State ___ Zip _____

Phone: _____ Birthdate/Age: _____

School: _____ Grade (Next Fall): _____

E-Mail _____

Tribal Affiliation & Enrollment # (If Available) _____

Name/Phone of Parent or Guardian: _____

Name/Phone of Emergency Contact: _____

(If Different)

T-Shirt Size: XS S M L XL XXL

Special Needs or Dietary Restrictions: _____

ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A SHORT ESSAY WHICH INCLUDES:

- Your interests and activities.
- Your educational goals and interests.
- What agency/department of the federal government would you like to learn more about and why?
- What professions/career fields are you most interested in and why?
- What strengths do you have to offer your tribe/community/workplace?

How did you get this application? _____

(school, SAIGE member, friend, federal employee, sent through the mail, web site, etc.)

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES
Youth Track and Conference
Letter of Recommendation

Student: Please give this to an adult who knows you and who is familiar with your schoolwork, interest in government employment, or work qualities (for example, a teacher, job supervisor, tribal leader, elder, etc. NOT A RELATIVE).

Respondent: The individual named on this form is being considered for participation in the National Society of American Indian Government Employees (SAIGE) Conference Youth Track. The Youth Track Conference provides Native American students an opportunity to learn about careers within the Federal Government, to meet American Indian and Alaska Native federal employees, and to gain first hand experience in understanding the positive role that Native employees can play in enabling their respective agencies to better fulfill the federal trust responsibility and honor the unique federal-tribal relationship. PLEASE ADDRESS THE QUESTIONS LISTED BELOW ON A SEPARATE SHEET OF PAPER, OR USE THEM AS A GUIDELINE IN WRITING A LETTER OF RECOMMENDATION FOR THE STUDENT .

Your letter is confidential: **Please note the deadline for receiving applications and related materials.** Send the letter to: Joann Brant, Youth Track Coordinator, Society of American Indian Government Employees, PO Box 7715, Washington, DC 20044-7715. Any questions, please phone her at: 202.564.0375 Fax: 202.564.7899 Email: brant.joann@epa.gov

Applicant's Name: _____

- 1) How well and for what length of time have you known the applicant?
- 2) Please describe the applicant's attitude toward school & education.
- 3) Has the applicant discussed his/her career goals with you? What are they?
- 4) Please include any additional information or comments that might help us evaluate the applicant's qualifications, i.e. strengths, experience.

Signature of Respondent: _____

Name & Title of Respondent: _____

Address: _____

Phone: _____ E-mail _____

Relationship to Applicant: _____

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES
Youth Track and Conference
Student Contract

Acceptance to the SAIGE Youth Track Conference is a privilege, but it also requires students and parents to assume certain responsibilities.

STUDENT: I, _____, as part of the Society of American Indian Government Employees National Conference and Youth Track accept the conditions stipulated below:

1. I will participate in, and be on time to, all sessions and activities unless excused by a staff member.
2. I will conduct myself as an adult and be respectful and courteous as a representative of my Tribe.
3. If attending from out of town, I will sleep where assigned, recognizing that I may be rooming with people I have never met.
4. **I will not use drugs or alcohol during the Youth Track and I will adhere to the assigned curfew and other rules.**
5. **I understand that all forms of harassment and discrimination are prohibited.**
6. I understand that I will be held responsible and will provide payment for any damage to equipment or facilities if such damage is attributable to me/my actions.
7. I understand that there must be quiet time between midnight and 5:30 am.
8. I will adhere to these and all other rules of the SAIGE Youth Track Conference. **I understand that should I violate this contract, I will not be allowed to attend the conference and/or my return travel arrangements will be revoked and I will be sent home AT MY OWN EXPENSE.**

Signature of Student: _____

Date: _____

Picture Release Statement: I hereby give permission for my picture to be taken in connection with the Society of American Indian Government Employees (SAIGE) Youth Track Conference and to be used in newspapers, television, magazine articles, videos and related media concerning the Conference without compensation.

Signature of Student: _____

Date: _____

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES
Youth Track and Conference _____ Year
EMERGENCY INFORMATION and PARENT CONTRACT
(To be filled out by the parent/guardian)

Student Name _____ Phone: _____

Address: _____ City: _____ State ___ Zip _____

Parent/Guardian: _____ Work Phone: _____

Relationship to Student: _____

Physician Name & Address: _____ Phone: _____

Medical Coverage: _____

Insurance/Group Number and Information: _____

Is your son/daughter eligible for contract health care coverage from IHS? _____

IHS Clinic Name and Phone: _____

Does your son/daughter have any physical disabilities? (explain) _____

Does your son/daughter wear glasses or contact lenses? ___ Have Allergies?(explain) _____

Hay Fever? ___ Sinus Problems? ___ Allergies to Bites/Stings? ___

Has your son/daughter had any major illnesses in the past 5 years? _____

Is your son/daughter currently taking any medication? _____

Does your son/daughter require any special (emergency) medication? _____

Nearest major airport to your home: _____

Please list any other information which you feel is important: _____

PARENT/GUARDIAN: I have read, understand and agree with the above terms. Permission is given for my son/daughter to participate in all activities and events, and for them to receive all necessary medical attention should the need arise, with the understanding that I will be notified as soon as possible. Furthermore:

1. I understand that the Society of American Indian Government Employees (SAIGE) or their designated chaperones/mentors will not be responsible for any theft, accident, injury, or illness where my son/daughter is concerned.
2. I give permission for any chaperone or staff member to render first aid if necessary.
3. I understand that as part of my son/daughter's application, this STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.
4. I understand that my son/daughter will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.
5. I understand that no drugs or alcohol use are permitted and that if my son or daughter is caught under the influence, she/she will be sent home immediately AT MY OWN EXPENSE.

Parent/Guardian
Date: _____

Signature: _____