



P.O. Box 927 ♦ 117 Alex Hatelly Drive
Bethel, Alaska 99559
Phone (907) 543-2608 ♦ Fax (907) 543-2639
Email: education@nativecouncil.org

Summer Youth Employment and Training Program 2023 And Youth Conservation Corps (YCC)

The ONC Summer Youth Employment & Training Program (SYETP) provides training and support services for youth and young adults ages 14 – 21 to enhance Education and Employment opportunities who are unskilled and/or under employed to enter into the workforce to obtain, retain, or advance in employment. The SYETP teams up with local businesses to provide a variety of work activities and services.

ELIGIBILITY REQUIREMENTS

- An enrolled ONC Tribal Member residing in our Service Area of Bethel who are Alaska Native/American Indian or their descendants
- Certificate of Degree of Indian Blood (CDIB), or Tribal Enrollment card noting you are Alaska Native/American Indian
- Must be 14-21 years of age
- Selective Service Registration (if over the age of 18)
- Completed and signed application

- Provide two (2) forms of Identification
 - Birth Certificate
 - Tribal ID or Enrollment Affidavit
 - Certificate of Degree of Indian Blood (CDIB) card

- Must meet income guidelines – submit parents' income verification for the last 30 days
 - Most Current Paystubs – (last two)
 - Most Current Tax Return
 - Unemployment Insurance Benefits (UI) or a Letter of Verification
 - SSI/SSA or a Letter of Verification
 - Temporary Assistance for Needy Families (TANF)

Eligibility will be determined based upon a signed and completed application.

If you are interested, or know of someone that could benefit from our program, call (907) 543-2608 and ask for an application today!

APPLICANT INFORMATION

Date of Application: _____

Position applying for: SYETP Youth Coordinator YCC Coordinator (applicants must be 18 or older to apply)

Name: _____ Date of Birth: ____ / ____ / ____ Last 4 of SSN: ***-**-_____

Mailing Address: _____
P.O. Box Physical Address City State Zip

Home/Cell Phone: _____ Message Phone: _____ Work Phone: _____

Sex: Male Female **Marital Status:** Single Married Separated Divorced Widowed

Are you a Veteran? Yes No

If yes, dates: From: _____ to _____ Discharge Date: ____ / ____ / ____ Branch: _____

If no, Selective Service Registration Number: _____ Date Verified: _____ N/A

Ethnic Background:

Alaska Native/Native American Hispanic African American Caucasian Other: _____

Referred By: Self Walk-in Advertisement Social Services Other: _____

APPLICANT DATA

HOUSEHOLD: LIST ALL HOUSEHOLD MEMBERS LIVING IN THE HOME

#	NAME	DATE OF BIRTH	Relationship	INCOME
1				
2				
3				
4				
5				
6				
7				
8				

IN CASE OF AN EMERGENCY, CONTACT:

#	NAME	ADDRESS	PHONE	RELATIONSHIP
1				
2				

EDUCATION HISTORY

Type of High School Attended: Private Boarding Public Where: _____

Certificates: High School Diploma Still Attending No Longer Attending GED Certificate of Attendance

Have you ever received any of the following services: Yes No (If yes, check all that apply)

Childcare Job Corp Military Other

Where, When & Type of Services: _____

Employment Status: Check your status and complete the information below.

Employed Full-Time Part-Time Self-Employed Unemployed: Number of weeks _____

Last Hourly Wage: \$ _____ Employer: _____ Occupation: _____

EMPLOYMENT HISTORY

List your employment history in Chronological order (Last to First) below:

From: _____ To: _____ Job Title: _____

Employers Name: _____ Address: _____

Phone Number: _____ Supervisor's Name: _____

List your duties and responsibilities: _____

Are you eligible for rehire? Yes No

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Employers Name: _____ Address: _____

Phone Number: _____ Supervisor's Name: _____

List your duties and responsibilities: _____

Are you eligible for rehire? Yes No

Reason for Leaving: _____

Has alcohol or drugs ever caused problems for you at work? Yes No



BARRIERS TO EDUCATION, TRAINING, OR EMPLOYMENT

Check all that apply:

- Limited English Proficiency
- Pregnant / Parenting Teen
- Disabled Individual
- Substance / Alcohol Abuse
- TANF Recipient
- Public Assistance (Food Stamps, General Assistance, etc.)
- Homelessness
- Offender
- Treatment / Counseling
- Reading/Math Skills below 7th grade level
- Lack significant work history

Have you ever been convicted of any crimes involving alcohol or drugs? Yes No

If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Are you currently on probation or parole? Yes No

Probation / Parole Officer: _____ Phone #: _____

Are you scheduled for any substance abuse treatment? Yes No

If yes, when? _____

EMPLOYMENT GOALS & INTERESTS

Check any/all skills you may have:

- Accounting
- Mechanical
- Maintenance
- Clerical
- Painting
- Welding
- Cashier
- Food Service
- Carpentry
- Receptionist
- Other: _____

What is your future career goal? _____

Do you prefer to work by yourself or with others? _____

List any tools and/or office equipment you have used _____



CERTIFICATION OF APPLICAITON

I certify the information provided is true to the best of my knowledge. I am aware the information provided is subject to review, and that I may have to provide additional information. I authorize Orutsararmiut Native Council to share this information for the purpose of obtaining Employment, Training & Education services.

Applicant Signature

Date

Parent or Guardian Signature (if 18 years of age and under)

Date



BETHEL RESIDENCY & TRIBAL AFFILIATION

Printed Name: _____ Other names used: _____

Last 4 of Social Security Number: ***-**-_____

Are you a Bethel Native Corporation Shareholder or a Descendant of a Shareholder?

Yes No

Are you an ONC Tribal Member?

Yes No

If yes, list your ONC Tribal Enrollment Number: _____

I have been a resident of Bethel since: ____ / ____ / ____

I certify that the information listed above is true and correct to the best of my knowledge.

Signature

Date

Parent or Guardian Signature

Date





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RELEASE OF INFORMATION

Date: _____

To Whom This May Concern:

I, _____, authorize and request the release of any and all information necessary to verify or determine my eligibility for participation in the program offered by Orutsararmiut Native Council Summer Youth Employment & Training Program. Agencies which may be contacted, but not limited to, are: State of Alaska Division of Public Assistance, Unemployment Offices, Social Security Administration, Retirement Agencies, Banks, etc.

Applicants Printed Name

Parent or Guardian Printed Name (if under 18 years of age)

Applicants Signature

Parent or Guardian Signature (if under 18 years of age)

Last four (4) of Social Security Number

A reproduction of this release is as valid as the original; to be used indefinitely for the present and all future income verifications.



***** FOR OFFICE USE ONLY *****

Date application received: _____ Application received by: _____

Decision of Application: Approved Denied Date: ____/____/____

COMMENTS/ NOTES:

Certifying Official Signature

Date

