



# Douglas Indian Association Tribal Government

811 West 12<sup>th</sup> Street Juneau, Alaska 99801-1529  
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## **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:

-  **Artist Apprenticeships**
-  **Language Apprenticeships**
-  **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

Middle

Date of Birth: \_\_\_\_\_

Ethnicity:  Alaska Native

Native American

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Education, High School Attending: \_\_\_\_\_

Current Grade:  Freshman  Sophomore  Junior  
 Senior  Graduating

Please List Tlingit Language Classes Completed: \_\_\_\_\_

\_\_\_\_\_

Please List Other Language Classes Completed: \_\_\_\_\_

\_\_\_\_\_

Please List Art Classes Completed: \_\_\_\_\_

\_\_\_\_\_

Please List Any Additional Relevant Coursework: \_\_\_\_\_

\_\_\_\_\_

Prior Employment:

1) Organization/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

References:

1) Please List References for Employment (Teachers, Former Employers, Mentors):

Name: \_\_\_\_\_

Type of Working / Educational Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Please List References for Employment (Teachers, Former Employers, Mentors):

Name: \_\_\_\_\_

Type of Working / Educational Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Please List References for Employment (Teachers, Former Employers, Mentors):

Name: \_\_\_\_\_

Type of Working / Educational Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Please Describe why you are interested in participating in the Youth Apprenticeship Work Experience Program and what type of work experience interests you:

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**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 \_\_\_\_\_ (Student Name) hereby grant the Douglas Indian Association permission to include me in photographs, audio or video recordings on their website and education portal for participation in activities funded through grants managed by and sanctioned by Douglas Indian Association. The purpose for sharing of photo, video and audio recording is to advance education, preserve languages and cultural knowledge in addition to extending education opportunities to community members. I have read this release and am signing below and fully understand the contents, meaning and impact of this release. Through this release, I waive any rights to further compensation for use of photos, video and audio recordings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the person signing is under age 18, there must be consent by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_ student named above, and I do give my consent for the photo/audio/video release.

Printed Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_