

Application for:

- ☐ Youth Work Experience 2024 – Ages 14-24 years
- ☐ College Intern Applicant – Ages 18-24 years and Enrolled in College for Fall 2024-2025

CRC Office *Date Stamp Received*

★Community Resource Center (CRC) ★Youth Services Programs ★Menominee Vocational Rehabilitation

"Developing a better future for our Native Youth"

Applicant Name: _____

Youth and College Intern Work Experience Program Checklist

Review checklist and only return complete applications. Incomplete applications will be returned

- ☐ Copy of **Social Security Card**
- ☐ **Proof of Residency** with in Menominee County is required
- ☐ In High School: Ages 14-18, School enrollment proof showing physical address and the Parent or Guardian Name.
- ☐ Out of High School: Ages 18-24, Mail with physical address listed such as a Utilities or Electric Bill, Copy of your Housing agreement, Class Schedule, etc.
- ☐ Proof of Indian Blood Decree if applicable: Verification of Tribal Enrollment or Descendant Status in a federally recognized Indian Tribe (if applicable)
- ☐ Photo ID card – any one of the following:
- Driver's License
 - Tribal Enrollment ID with Picture
 - College Picture ID card
 - * Wisconsin State ID card
 - * Recent High School Picture ID Card
- ☐ Copy of Birth Certificate
- ☐ Selective Services Verification for all Males Ages 18-24
- ☐ Resume – All Applicants must include one.

- ☐ Did you Sign your name at the end of your application? ☐ Remember your Parent/Guardian also signs!!
- ☐ Did your Parent/Guardian complete and sign the permission and waiver forms for you?
If you are 18 or older, you are an adult and may sign all the permission and waiver forms

Don't forget!

Application deadline: Friday May 17, 2024 by 3:00 pm

Applications received after deadline will be added to a wait list

Return Application: 1. Drop off at the Community Resource Center Monday-Friday 8:00am-4:30pm 2. After Hours CRC drop Box 3. FAX to 715-799-4470

FOR CRC/YOUTH STAFF USE ONLY: APPLICATION REVIEW

- ☐ Application is complete contains the following:

☐ SS# ☐ BC ☐ Parent Signature ☐ Youth Signature ☐ ID/Enrollment ☐ Resume

☐ Proof of Residency

Date any pending missing information received: _____

Youth Program & College Intern Application

"Developing a better future for our Native Youth"

☐ **YOUTH WORK EXPERIENCE PROGRAM**

☐ **COLLEGE INTERN APPLICANT**

Office Use Only
Stamp Date Received
and Initial

PLEASE PRINT – USE INK PEN

Must be age 14 before June 1, 2024

BASIC INFORMATION OF YOUTH OR COLLEGE STUDENT

First Name	Last Name	MI	How do you describe your Gender: _____	
Date of Birth MM/DD/YYYY / /	Age	County of Residence	_____	
Mailing Address:		City:	State: WI	Zip Code:
Physical Address: ☐ Same as Mailing Address		City:	State WI	Zip Code
Phone: ☐ Cell ☐ Home ☐ Parent () -		Secondary Phone: () -	Email: _____	

ELIGIBILITY:

1. Age 14-24 by June 1, 2024
2. Completed application and all supporting documentation (see cover sheet)
3. Attach Proof of Tribal Enrollment or Descendent if applicable.

SELECTIVE SERVICES: all eligible Males ages 18-25 are required to be registered for Selective Services. To print proof of registration go online to www.sss.gov (*Selective Services Registration*)

VETERANS PRIORITY: Veterans are entitled to receive priority service who has serviced at least one day in active military, naval, air services and discharged or released from service under condition other than a condition classified as dishonorable, you may also be eligible if you are a spouse of a eligible veteran. If yes, please attach a DD214 copy

EDUCATIONAL BACKGROUND

High School: _____ Grade Fall 2024 _____ Est. Graduation MM/YYYY: ____/____

Do you plan to attend any high school summer school or college classes? ☐ Yes ☐ No

What dates, days or time will you attend? _____

Do you plan on attending any summer programs? ☐ Yes ☐ No

If yes what are the estimated dates: _____

College/Technical: _____

Status Fall 2024: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior GPA: _____ Est. Graduation MM/YYYY: ____/____

Major/Degree: _____ ☐ Associate Degree ☐ Bachelor's Degree

Do you plan on attending any summer college classes: ☐ Yes ☐ No

If yes, what are the estimated dates: _____

APPLICANT INTEREST PROFILE

RETURNING APPLICANTS:

If available, are you interested in your same assigned worksite as last year? ☐ Yes ☐ No

Is there a worksite area that you would be interested in being assigned to? ☐ Yes ☐ No ☐ Undecided

Please list any areas you may be interested in:

1. _____ 2. _____ 3. _____

APPLICANT CAREER CLUSTERS Rank in order your preference. Example: first choice (1) second choice (2) and etc.

- | | |
|--|---|
| _____ Historic Preservation | _____ Transit Maintenance/Grounds keeping |
| _____ Business Management/Administration | _____ Clinic Housekeeping |
| _____ Child Care / Day Care Services | _____ Clinic Maintenance Grounds keeping |
| _____ Education and Training | _____ Office Assistant-office skills |
| _____ Health Sciences/Clinic | _____ Office Assistant/Housekeeping |
| _____ MITW Buffalo Project (16-24years) | |

Every attempt will be made to place you in your area of interest but **keep in mind you may be assigned according to the openings we have available** and it may give you a chance to try something new!

Skills/Qualifications: List any Licenses, skills, training, awards, honors you have earned or received:

- Are you able to perform the essential function of the job you are seeking, without accommodations?

☐ Yes ☐ No: If No, please describe accommodations needed:

College Intern Applicants: Please explain your interest or why you feel qualified as a candidate for the College Inter Program:

HOUSEHOLD COMPOSITION

Youth Work Experience or College Intern Applicant Name:

HOUSEHOLD COMPOSITION Please list all family members/people living in the home for the past 60 days.

Age	Name of Family Member	Relationship to Applicant
	Applicant	Self

Application Statement

With my signature below, I certify that all information on this application is true to the best of my knowledge. I understand I must furnish the Menominee Indian Tribe of Wisconsin's 2024 Youth Work Experience or College Intern Program a copy of my current grades and/or certificates as requested. All information obtained may be shared with the BIA, Tribe, and State, education institutes or any other funding agencies when requested. In the event of employment, I understand that false or misleading information given or failure to abide by the rules and regulations set by my assigned supervisor may result in termination from the program at any time. I understand, also, that if I'm hired, that I may be subject to drug testing procedures and any other rules and requirement enforced by the Community Resource Center or by the assigned placement work site.

Print your name

Signature of Youth or College Intern Applicant

Date

If under 18 print Parent or Guardian Name

Under 18? **Signature of Parent or Guardian**

Date

2024 Youth Work Experience/College Intern Program

Participation and Waiver/Release

Effective Dates: June 1, 2024-August 31. 2024

NAME OF YOUTH OR COLLEGE INTERN: _____

As Parent or Guardian or participant of the Youth/Intern Program I hereby waive the Community Resource Center., Youth Services, its employees, or designated site supervisors from any liability of injury, loss or damage to personal property with any activity associated with the 2024 Youth or College Intern Program. I have read and acknowledge the Participation Waiver, which it is a legally binding document and I sign it under my own free will.

Signature Parent/Guardian for ages 14-18 or College Intern Signature**Date**

Original: Youth or College Intern File

Copy: Site Supervisor

Medical and Permission Form

Participant Name

Date of Birth

Phone/Cell

Mailing Address

City

State

Zip Code

Emergency Contact Person:

Name

Relationship

Telephone/Cell

1.

2.

Medical Information:If yes, please explain type and severity: Behavioral Health ☐ No ☐ YesMedical/ Food Allergies ☐ No ☐ YesBee Sting Allergies ☐ No ☐ YesAsthma ☐ No ☐ YesDiabetes ☐ No ☐ YesEpilepsy ☐ No ☐ Yes

Do you have any other health conditions not listed? If yes, please explain: _____

Physician/Clinic

Hospital of Choice

Signature Parent or Guardian/College Intern Signature**Date**

Resume Outline Worksheet

(Complete this outline retype or rewrite for a resume)

- A. Identifying information** (make it easy as possible for prospective employers to contact you. Include multiple ways for them to contact you)

Name: _____

Address: _____

Phone: _____

2nd phone/message: _____

Email: _____

- B. Career Objective**

(Think about what you want from your work experience and also what high level benefits you might offer an employer who hires you.)

- C. Your Educational Background**

High School class studies _____

Certificates earned _____

Afterschool clubs _____

Academic awards earned _____

Volunteer _____

- D. Skills**

What skills do you use when you are at home?

Babysitting _____

Household chores _____

Other: _____

- E. Hobbies**

What hobbies do you like to do?

- F. Work Experience**

(List any work experience you may have from school, neighbors, home, family or a job)
