



## George River Internship

July 20, 2018-July 28, 2018

Students applying to participate in the internship should be highly motivated individuals who are interested in learning more about the area's natural resources. Students will be involved in assisting biologists with counting salmon, sampling fish for biological data, collecting habitat information, and completing a curriculum of learning activities ranging from fish dissections to analyzing fisheries data. Students will spend seven days at the remote field camps of the George River as well as the George River Weir. Students will spend 5 days floating the George River as well setting up 5 more stations along the way. The interns' travel to and from the project site and room and board will be paid. The intern will also receive a \$500 stipend after successful completion of the program. Interns must complete the written curriculum before the stipend will be paid.

### Qualifications

- Participants must be between 15-19 years of age
- Participants should be a resident of one of the Kuspuk villages but applications from other villages will be considered
- Participants must have completed 2 prior Math Science Expeditions on the Salmon / Aniak River. Also must be recommended by MSE Staff
- Participants must have a mature attitude and good work ethic
- Participants must be motivated to complete all work and written assignments

### Complete Applications Include the Following

- Application form signed by a parent or legal guardian
- Resume
- Cover Letter
- Copy of two forms of ID (*One Time Only*)
- I-9 Employment Verification Form (*One Time Only*)
- W-4 Form (*Updated for 2018*)

How many Math Science Expeditions have you participated in? \_\_\_\_\_

What years? \_\_\_\_\_

Student Name

Mailing Address

City

State

Zip Code

Personal Email Address

Birth Date

Grade

Social Security Number

School Email Address

Cell Phone Number

Home Phone Number

Emergency Contact Name

Emergency Contact Phone Number

I state that all of the above information is true, and that I will work hard to have a successful internship. I understand I will receive the \$250 stipend after turning in my final project, and completing all the written and fieldwork assigned to me.

X

Student Signature

Date



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### Student Behaviors and Expectations

Must be reviewed, understood, and signed by all participants.

You are representatives of and ambassadors for you school, teachers, family, community, and self. You are expected to conduct yourself in a responsible and mature manner at all times.

#### What you "SHOULD NOT" bring to camp:

- **Alcohol, controlled substances or drug paraphernalia;**
- **Weapons, firearms, knives, or any object that poses danger to oneself and/or others;**
- **Tobacco products, including cigarettes, chew, snuff, iqmik, marijuana, etc.** EXCEL Alaska does not allow the use of any type of tobacco product by students or staff. Our position on tobacco is two-fold:
  - Use of tobacco is in direct opposition to EXCEL Alaska's philosophy of promoting personal wellness and healthy lifestyles.
  - Alaska State Statute states that it is "illegal to sell, give, trade, or exchange any products (including vending machines) containing tobacco to any person under 19 years of age". If students do currently use tobacco products, we strongly encourage them to discontinue use prior to participating in any EXCEL activity.
  - We understand that many students have and/or currently use tobacco products and we are aware of the side affects associated with withdrawal. Hard candy and gum will be provided to help curb any cravings.

#### Consequences for use or possession of alcohol, controlled substances, paraphernalia, weapons or tobacco products are as follows:

- Immediate disciplinary action, including prompt dismissal from the program;
- Possible legal action.

#### PROGRAM RULES

1. Curfew is 11:00pm (or as determined by staff) – lights out, quiet, in bed.
2. After lights out, you are not allowed to leave your room until breakfast time.
3. Always travel in pairs (or larger groups) unless specifically given instruction and permission to do otherwise.
4. Always inform a staff member of your whereabouts.
5. Disrespecting students, staff, or the facilities will not be allowed and could result in dismissal from the program.
6. No body piercing, hair dying, or tattoos while attending any EXCEL Session or Camp – How you arrive at EXCEL is how you will leave EXCEL!
7. No PDA's (public displays of affection)

I have read and understand the above expectations and agree to abide by them during my stay with EXCEL Alaska. **I also understand willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my respective school district, parent or guardian's expense.** I also understand that I may be subject to further discipline as outlined under my respective school district's Student Decorum Code.

\_\_\_\_\_  
Student Name (Please Print)

X\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Please Print)

X\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## George River Internship Medical Consent Form

July 20, 2018-July 28, 2018

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Student Birthdate

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Medicaid Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Telephone

**Please answer the following questions:**

	<b>YES</b>	<b>NO</b>	<b>Specify</b>
1. Does your child have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child have rheumatic heart disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Has your child ever had T.B.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there anything else we should know about your child's health?	<input type="checkbox"/>	<input type="checkbox"/>	_____

\_\_\_\_\_  
\_\_\_\_\_  
I, parent/legal guardian of \_\_\_\_\_, give consent to emergency medical treatment, hospitalization, or medical treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I hereby waive on behalf of myself, and the above named child, any liability of EXCEL Alaska or Kuspuk School District, or any of its agents or employees, arising out of such medical treatment.

**I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE EXCEL ALASKA STAFF THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT TREATMENT IS DEEMED NECESSARY. IN ADDITION, I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEM NECESSARY. I ABSOLVE EXCEL ALASKA, INC., KUSPUK SCHOOL DISTRICT AND ITS ASSOCIATES FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.**

EXCEL Alaska, Inc., Kuspuk School District, and their associates are not responsible for medical treatment deductibles or responsible for payment of financial billings of medical treatment received at any time.

**X**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_