ONC Summer Youth Employment Training Program 2021

Summer Youth Employment Training Program (SYETP) is a program that provides a comprehensive system of training and support services for young adults’ 14 - 21 years of age in preparation for the Alaskan workforce. The program is dedicated to academic excellence, career preparation for youth in the workplace and community, development and support in a safe environment by caring adults, and visible and active leadership roles for participants.

ONC is teaming up with local businesses to provide a variety of activities and services to enhance education and employment opportunities for youth. Youth service providers may provide services using many approaches and opportunities. Some of these services provided are as follows:

1. The Summer Youth Employment and Training Program have direct links between academic and occupational learning.
2. Occupational skills training develops activities to meet needs.
3. Leadership development opportunities
4. Supportive services to meet career and educational goals
5. Adult mentoring
6. Identify barriers to employment and/or education to ensure participants are able to meet barriers and mediate if needed with employers.
7. Develop a plan for each youth participant to identify age-appropriate goals and sub-goals.
8. Comprehensive guidance and counseling, which may include drug and alcohol abuse, counseling, and referrals.
9. Provide training and support for youth to enter employment in high growth areas such as healthcare, construction, resource development, education, information technology and tourism and hospitality.

Program Requirements –

- Must be a Bethel Resident
- Must be Indian, Alaska Native, or Native Hawaiian
- Must be 14-21 years of age
- Must provide two (2) forms of identification
  - Birth Certificate
  - Tribal ID
  - Social Security Card
  - Certificate of Indian Blood (CIB)
- Must meet income guidelines – Submit income verification for the last 30 days.
  - Most Current Paystubs
  - Most Current Tax Return
  - Unemployment Insurance Payments / Documentation Letter
  - TANF

If you are interested in applying for this Summer Youth Employment Training Program (SYETP) or if you know someone that could benefit from this experience and program opportunities, please call (907) 543-2608 and ask for an application today!
# SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

## Applicant Portion

### APPLICANT IDENTIFICATION

<table>
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<th>Case Number:</th>
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**Name:** ____________________________________________  
**Date of Birth:** _______ / _______ / _______

**Last Four of Social Security:** xxx - xx - ________

**Mailing Address:** ____________________________________________

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<th>P.O. Box or Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Physical Address:** ____________________________________________

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<th>City</th>
<th>State</th>
<th>Zip</th>
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**Home Phone #:** ____________________________  
**Message Phone #:** ____________________________  
**Work Phone #:** ____________________________

**Sex:**  
☐ Male  
☐ Female  

**Marital Status:**  
☐ Single  
☐ Married  
☐ Separated  
☐ Divorced  
☐ Widowed

**Are you a Veteran?**  
☐ No  
☐ Yes  

If yes, Selective Service Registration Number: ____________________________  
Date Verified: _______  
☐ N/A

If yes, dates: From: __________ to __________  
**Discharge Date:** _______ / _______ / _______

**Branch:** ____________________________

**Ethnic Background:**  
☐ Alaska Native of American Indian  
☐ Native Hawaiian  
☐ Hispanic  
☐ African American  
☐ Caucasian  
☐ Other: ____________________________

**Referred By:**  
☐ Self / Walk-in  
☐ Social Services  
☐ Vocational Rehab  
☐ Other: ____________________________

## APPLICANT DATA

### Household: List all household members / income including yourself

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<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>Relationship</th>
<th>INCOME</th>
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### In case of an EMERGENCY, Contact:

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<th>ADDRESS</th>
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<th>RELATIONSHIP</th>
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* Orutsararmiut Native Council  
* P.O. Box 927  
* Bethel, Alaska 99559  
* Phone (907) 543-2608  
* Fax (907) 543-2639  
* Summer Youth Employment Training Program (SYETP) Application Packet
EDUCATION

Type of High School Attended:  □ Private  □ Boarding  □ Public
Where: ________________________________

Check One:  □ High School Diploma  □ Still Attending  □ No Longer Attending
□ GED  □ Certificate of Attendance

Have you ever received any of the following services: □ No  □ Yes (If yes, check all that apply)
□ Childcare  □ Job Corp  □ Military  □ Other

Where, When & Type of Services:

Labor Force Status: Please 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

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

Please list your employment history information 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: _______________________________________________________________
SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

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: ________________________________________________________________

BARRIERS TO EDUCATION, TRAINING OR EMPLOYMENT

Check all of the items below which apply to you:

☐ Limited English Proficiency                      ☐ Pregnant / Parenting Teen

☐ Disabled Individual                               ☐ Substance / Alcohol Abuse

☐ Offender                                          ☐ Public Assistance (Food Stamps, GA, etc.)

☐ Reading/Math Skills below 7th grade level         ☐ TANF Recipient

☐ Treatment / Counseling                            ☐ Lack Significant Work History

☐ Homeless

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: ________________________________________________________________

______________________________________________________________  Phone #: ______________________

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? ________________________________________________________________
SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

EMPLOYMENT GOALS & INTERESTS

Check any skills you may have:

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

Other: ____________________________________________

What is your career goal? ________________________________

____________________________________________________

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

____________________________________________________

List any tools and/or office equipment you have used: ________________________________

____________________________________________________

CERTIFICATION OF APPLICATION

I certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and that I may have to provide additional information. I authorize Orutsararmiut Native Council to share this information for the purpose of assisting me in obtaining assistance, training, education, or employment.

Applicant Signature ___________________________________ Date ________________________________

Parent or Guardian Signature ___________________________ Date ________________________________
SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

BETHEL RESIDENCY & TRIBAL AFFILIATION

Printed Name: ___________________________ Maiden: ___________________________

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, please 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.

_____________________________________________  Date ___________________________
Signature
SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

RELEASE OF INFORMATION

Date: __________________________

To Whom It May Concern:

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

__________________________________
Printed Name

__________________________________
Signature

__________________________________
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.

*** OFFICE USE ONLY ***

This application is being utilized for documentation of the following criteria:

__________________________________

__________________________________

***Certifying Official Signature Date ***

*******************************************************************************

* Orutsararmiut Native Council • P.O. Box 927 • Bethel, Alaska 99559 • Phone (907) 543-2608 • Fax (907) 543-2639 •

| Summer Youth Employment Training Program (SYETP) Application Packet