AGES: Kindergarten – 6th grade for Youth Mentoring  
Ages 12 – 20 for Teen Mentoring  
Ages 16 – 24 for Career Exploration Activities

Eligible Participants

Enrolled members of the Mille Lacs Band of Ojibwe  
Direct descendants of enrolled Mille Lacs Band Member  
Limited enrollment for other Federally-recognized tribal members

**ATTENTION: The entire application must be completed, signed and dated**

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| Name of Applicant | Date of Application |

1. All Career Exploration applicants must be 16 years of age **by Date Application is signed – no exceptions**
2. All Healthy Circle applicants must be 12 years of age **by Date Application is signed – no exceptions**
3. All youth must be in Kindergarten **by Date Application is signed – no exceptions**

To prevent delays in processing your application, please submit all necessary verifications with your application. All information will be kept confidential and is necessary to determine funding source for each youth participant.

Required verifications:

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| Proof of Tribal membership or MLB descendant | Proof of residency (Tribal ID or school records) |
| Copy of Social Security card (Career Exploration only) | EDP signed and dated |
| Date of birth proof (birth certificate, Tribal ID/Immunization records | Application signed and dated |
|  | School Verification Form |

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| Full Name | Click or tap here to enter text. | | | | Date of Birth: | |  |
| Address |  | | City: |  | | State: | Zip: |
| Email Address:       Social Security Number:  Please check one: District I District II District III District IIA Urban | | | | | | | |
| Youth Phone Number: | |  | | | | | |

**Emergency Contact**

First Contact

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| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Relationship: |  |
| Telephone Number: | |  | Cell Phone Number: | |  |

Second Contact

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| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Relationship: |  |
| Telephone Number: | |  | Cell Phone Number: | |  |

**Medical Care**

1. Do you have any allergies? YES NO

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| If yes, please explain: |  |

1. Do you have rescue medication; i.e., Epipen or Inhaler? YES NO

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| --- | --- |
| If yes, please explain: |  |

1. Are you on any medications? YES NO

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| If yes, please explain: |  |

**Personal Information**

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| --- | --- | --- | --- | --- |
| Age: | | Please check one: Male Female | | |
| Tribal Affiliation: |  | | Tribal ID #: |  |

**Education**

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| 1. | Are you in high school? YES NO If yes, what grade are you in? | |
| 2. | What school do you attend? |
| 3. | Do you have a high school diploma? YES NO |

**Release and Waiver of Liability**

I, hereby agree not to hold the Mille Lacs Band of Ojibwe and/or Ge-niigaanizijig Program and/or each of its workers responsible for any harm, injury, loss, liability, damage, or cost that may incur while my above-mentioned child/children participate in the Ge-niigaanizijig Program.

**\*\*I have read this Release and Waiver of Liability, fully understand its terms, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.\*\***

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| Parent/Guardian or Participant over 18 years-old | Date |

|  |  |
| --- | --- |
|  |  |
| Staff Signature | Date |

**Social Media Waiver**

I, hereby consent to the participation in interviews, to the use of quotes, and the taking of photographs, movies or video tapes of the participant named above by the Ge-niigaanizijig program and/or each of its workers. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Mille Lacs Band of Ojibwe, Aanjibimaadizing program, and Ge-niigaanizijig program and employees from all claims, demands, and liabilities whatsoever in connection with the above. We may use pictures and share information in the local papers, MLBO Facebook, Aanji Facebook, Ge-niigaanizijig or Inaajimowin.

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| Parent/Guardian or Participant over 18 years-old | Date |

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| Staff Signature | Date |

**School Attendance**

I acknowledge that my child must attend school on any day they attend Ge-niigaanizijig programs unless they have a medical appointment or college visit.

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| Parent/Guardian Signature and Date | Staff Signature and Date |

**Youth Behavior Guidelines**

Ge-niigaanizijig youth will use positive behavior supports to work with children who may present challenging behaviors. Ge-niigaanizijig is different in that it is a voluntary program. If challenging behaviors present themselves during programming, staff will work with families and youth to problem solve and minimize severe and/or aggressive and disrespectful behaviors. Since the youth program is optional, if severe/aggressive and/or disrespectful behaviors continue, the youth may be suspended from youth programming, or lose incentive pay. The Ge-niigaanizijig program has zero tolerance for bullying. All behavior incidents will be documented in TribeVue.

\*The career exploration youth are subject to all departmental policies.\*

**Youth Support Intervention**

If a youth is exhibiting physical, unsafe or disrespectful behavior during program hours, the following procedures will be followed. If a youth has physical, unsafe or disrespectful behavior, it will be noted on the weekly evaluation and the youth will be asked to correct the behavior.

* For physical violence a phone call may be made at this time to parents/guardians. Children may be suspended up to two (2) weeks depending on the incident.

When a youth has a 2nd or 3rd incident, the incentive pay (teens only) may be reduced or not paid; this will be documented in TribeVue and parents will be contacted.

If the youth has a 4th incident, the youth will be suspended for two weeks.

In the case of police intervention, the youth will be suspended until the following year.

As the participant or parent/guardian, if you disagree with the disciplinary action given to the youth, you are welcome to follow the Grievance Policy in the Policy and Procedures manual.

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| Youth Participant Signature | Date |

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| Parent/Guardian or Participant over 18 years-old | Date |

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|  |  |
| Staff Signature | Date |

**Emergency Care and Procedures**

1. Begin first and call 911 when necessary.
2. Contact a parent/guardian.
3. Contact the first available emergency or medical professional and/or take the youth to a hospital emergency service if no other arrangements have been made.
4. The staff member will act on written permission included in the enrollment forms for such emergency care. The parent/guardian will be notified as soon as possible.

If a youth becomes ill or injured while at Ge-niigaanizijig, the following procedure is used:

1. The programming staff will care for the needs of the youth.
2. The parents/guardians and/or emergency contacts will be notified and expected to pick up the youth.
3. The youth will remain in the room with staff, depending on the situation, until the parent/guardian or emergency contact arrive to pick up the youth.
4. If the parent/guardian cannot be reached and the youth’s injury or illness is so severe that he/she needs immediate attention, the youth will be transported to the nearest physician or hospital.
5. The parent/guardian will be notified of infections or communicable diseases of a serious nature that directly affects their children (i.e., measles, chicken pox, foot & mouth, etc.) once we have confirmation from a doctor.

If a youth has a medical plan, then that plan will be followed to the best of the staff’s ability. 9-1-1 may be called.

* Youth who have medical plans must have all current medication and doctor authorization to attend Ge-niigaanizijig.

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| Parent/Guardian or Participant over 18 years-old | Date |

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| Staff Signature | Date |