

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES

**Student Youth Program Application**

**CHECKLIST**

**Make sure you have enclosed the following materials:**

- Letter of Reference**
- Completed Application**
- Essay**
- Signed Student/Parent Contract, Signed Picture Release Statement**

**THE APPLICATION CLOSING DATE IS April 1, 2013**  
**FIRM. PLEASE MAKE SURE THAT YOUR APPLICATION AND ALL**  
**MATERIALS ARE POSTMARKED or e-mailed NO LATER THAN April 1, 2013**

## Application for Admission to SAIGE Youth Program

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

School \_\_\_\_\_ Grade(Next fall): \_\_\_\_\_

E-Mail \_\_\_\_\_

Tribal Affiliation (If Available, enrollment #)  
\_\_\_\_\_

Name/Phone of Parent or Guardian if under 21yrs old:  
\_\_\_\_\_

Name/Phone Emergency Contact: \_\_\_\_\_  
(If Different)

Nearest airport to your residence: \_\_\_\_\_

T-Shirt Size:      XS      S      M      L      XL      XXL

Special Needs or Dietary  
Restrictions: \_\_\_\_\_

### **ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A SHORT ESSAY WHICH INCLUDES:**

- Your interests and activities.
- Your educational goals and interests.
- What agency/department of the federal government would you like to learn more about and why?
- What professions/career fields are you most interested in and why?
- What strengths do you have to offer your tribe/community/workplace?

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES  
Student Youth Program and Conference  
**Letter of Recommendation**

**Student:** Please give this to an adult who knows you and who is familiar with your schoolwork, interest in government employment, or work qualities (for example, a teacher, job supervisor, tribal leader, elder, etc. NOT A RELATIVE).

**Respondent:** The individual named on this form is being considered for participation in the National Society of American Indian Government Employees (SAIGE) Conference Youth Program. The Youth Program Conference provides Native American students an opportunity to learn about careers within the Federal Government, to meet American Indian and Alaska Native federal employees, and to gain first hand experience in understanding the positive role that Native employees can play in enabling their respective agencies to better fulfill the federal trust responsibility and honor the unique federal-tribal relationship. **PLEASE ADDRESS THE QUESTIONS LISTED BELOW ON A SEPARATE SHEET OF PAPER, OR USE THEM AS A GUIDELINE IN WRITING A LETTER OF RECOMMENDATION FOR THE STUDENT.**

Your letter is confidential: **Please note the deadline for receiving applications and related materials.** Send the letter to: JoAnn Brant, Youth Program Coordinator, Society of American Indian Government Employees, PO Box 7715, Washington, DC 20044-7715. Any questions, please phone her at: 202.564.0375 Fax: 202.564.7771 Email: brant.joann@epa.gov

Applicant's  
Name: \_\_\_\_\_

- 1) How well and for what length of time have you known the applicant?
- 2) Please describe the applicant's attitude toward school & education.
- 3) Has the applicant discussed his/her career goals with you? What are they?
- 4) Please include any additional information or comments that might help us evaluate the applicant's qualifications, i.e. strengths, experience.

Signature  
of Respondent: \_\_\_\_\_

Name & Title  
of Respondent: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES  
Youth Program and Conference  
***Student Contract***

Acceptance to the SAIGE Student Youth Program Conference is a privilege, but it also requires students and parents to assume certain responsibilities.

**STUDENT:** I, \_\_\_\_\_, as part of the Society of American Indian Government Employees National Conference and Youth Track accept the conditions stipulated below:

1. I will participate in, and be on time to, all sessions and activities unless excused by a staff member.
2. I will conduct myself as an adult and be respectful and courteous as a representative of my Tribe.
3. If attending from out of town, I will sleep where assigned, recognizing that I may be rooming with people I have never met.
4. **I will not use drugs or alcohol during the Youth Program and I will adhere to the assigned curfew and other rules.**
5. **I understand that all forms of harassment and discrimination are prohibited.**
6. I understand that I will be held responsible and will provide payment for any damage to equipment or facilities if such damage is attributable to me/my actions.
7. I understand that there must be quiet time between midnight and 5:30 am.
8. I will adhere to these and all other rules of the SAIGE Youth Program Conference. **I understand that should I violate this contract, I will not be allowed to attend the conference and/or my return travel arrangements will be revoked and I will be sent home AT MY OWN EXPENSE.**

Signature of Student: \_\_\_\_\_

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

**Picture Release Statement:** I hereby give permission for my picture to be taken in connection with the Society of American Indian Government Employees (SAIGE) Youth Program Conference and to be used in newspapers, television, magazine articles, videos and related media concerning the Conference without compensation.

Signature of Student: \_\_\_\_\_

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES  
Youth Program and Conference  
**EMERGENCY INFORMATION and PARENT CONTRACT**  
**(To be filled out by the parent/guardian if under 21 yrs.)**

Student Name \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Physician Name & Address:

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

Medical Coverage:

Insurance/Group Number and Information: \_\_\_\_\_

Is your son/daughter eligible for contract health care coverage from IHS? \_\_\_\_\_

IHS Clinic Name and phone: \_\_\_\_\_

Does your son/daughter have any physical disabilities?

(explain) \_\_\_\_\_

Does your son/daughter wear glasses or contact lenses? \_\_\_\_ Have Allergies? (explain)

Hay Fever? \_\_\_\_ Sinus Problems? \_\_\_\_ Allergies to Bites/Stings? \_\_\_\_

Has your son/daughter had any major illnesses in the past 5 years? \_\_\_\_\_

Is your son/daughter currently taking any medication, if so what is it?

\_\_\_\_\_

Does your son/daughter require any special (emergency) medication?

\_\_\_\_\_

Please list any other information which you feel is important: (use additional page if necessary)

**SAIGE PARENT/GUARDIAN AGREEMENT**

**PARENT/GUARDIAN: I have read, understand and agree with the above terms. Permission is given for my son/daughter to participate in all activities and events, and for them to receive all necessary medical attention should the need arise, with the understanding that I will be notified as soon as possible. Furthermore:**

- 1. I understand that the Society of American Indian Government Employees (SAIGE) or their designated chaperones/mentors will not be responsible for any theft, accident, injury, or illness where my son/daughter is concerned.**
- 2. I give permission for any chaperone or staff member to render first aid if necessary.**
- 3. I understand that as part of my son/daughter's application, this STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.**
- 4. I understand that my son/daughter will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.**
- 5. I understand that no drugs or alcohol use are permitted and that if my son or daughter is caught under the influence, she/she will be sent home immediately AT MY OWN EXPENSE.**

**Parent/Guardian: Printed Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_