

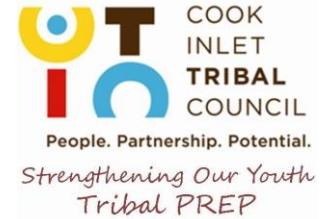
Strengthening OUR Youth Application

Student Information (Please Print Clearly):

First Name	Last Name	Date of Birth (mm/dd/yyyy)
Gender	Nicknames	Email
Student Cell Phone	Other Phone (specify where)	
Address	Apartment/Bldg. #	
City	State	Zip
If Residing At An Organization, Please Provide Name		

Primary Parent/Guardian/Adult-in-Life Information:

Name		
Address	Apartment/Bldg. #	
City	State	Zip
Email Address		
Home Phone	Work Phone	Cell Phone



Student Race (Check All That Apply):

- White
 Black/African-American
 Alaska Native/American Indian
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander
 Other Asian
 Other Race, Specify:

Alaska Native Ethnicity (Check All That Apply):

- Aleut
 Siberian Yup'ik
 Alutiiq
 Tlingit
 Athabascan
 Tsimshian
 Eyak
 Yup'ik/Cup'ik
 Haida
 Inupiat
 Don't Know

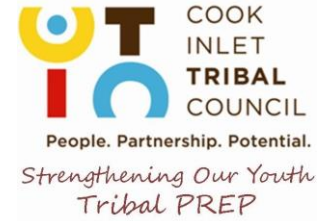
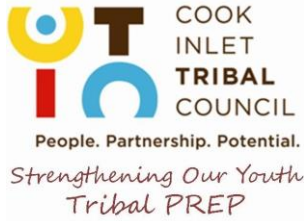
Regional Corporation Affiliation (Check All That Apply):

Affiliation Type: **S – Shareholder; F – Family Member; D – Descendant**

Corp. Name	Affiliation Type	Corp. Name	Affiliation Type
Ahtna		Doyon	
Aleut		Koniag	
ASRC		NANA	
Bering Straits		Sealaska	
Bristol Bay		13 th Region	
Calista		None	
Chugach		Unknown	
CIRI		Doyon	

Please check off all that apply to you:

- ___ LGBTQIA-2S
 ___ Homeless/Runaway
 ___ Juvenile Justice
 ___ Pregnant/Parenting
 ___ Foster Care
 ___ N/A



Eligibility:

To be eligible to receive services youth **must show proof of Alaska Native/American Indian heritage** by turning in one of the following:

_____ Copy of Certificate of Indian Blood (CIB), BIA Card or Tribal Enrollment

or

_____ Copy of Youth Birth Certificate and Parent's CIB, BIA Card or Tribal Enrollment

Youth must also turn in the following documentation:

_____ Signed Parent/Guardian/Adult-in-Life Consent Form (if under age 18)

_____ Signed Youth Assent Form (if under age 18)

_____ Signed Youth 18+ Consent form (if age 18 or over)

_____ Completed and Signed Strengthening OUR Youth Program Application

Signature:

Youth's Name (Print): _____

Youth's Signature: _____ Date: _____

Parent/Guardian/Adult-in-Life Name (Print): _____

Parent/Guardian/Adult-in-Life Signature: _____ Date: _____

Please Return Application, Consent Forms and Eligibility Documentation to the Youth Empowerment Services Department (YES) At Any of the Below Contacts:

- 1) Alex Lyle, Coordinator – alyle@citci.org or 907-793-3270
- 2) Anna Morrison, CAP Developer – amorrisson@citci.org or 907-793-3383
- 3) Grace LeNorman, EBP Trainer – glenorman@citci.org or 907-793-3273
- 4) Tribal PREP Email – tprep@citci.org
- 5) Youth Empowerment Services (YES) Fax Number – 907-793-3264

CITC Strengthening OUR Youth Staff Use Only:

Date Received Application: _____

Staff Name and Signature: _____

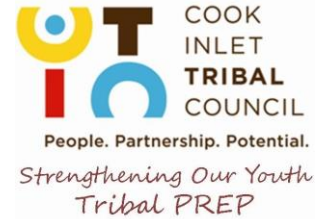
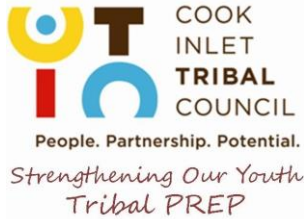
1st Follow-Up Date: _____ 1st Follow-Up Method: _____

2nd Follow-Up Date: _____ 2nd Follow-Up Method: _____

Staff Notes:

Documents Turned In:

- Signed Application** _____ Date _____ Staff Initials
- Signed Consent Form** _____ Date _____ Staff Initials
- Signed Media Release** _____ Date _____ Staff Initials
- AN/AI Eligibility** _____ Date _____ Staff Initials
 - Youth CIB/Tribal Enrollment (TE)/BIA Card**
 - or
 - Parent/Guardian CIB/TE/BIA Card & Youth Birth Certificate**



PHOTO/VIDEO RELEASE

I hereby grant Cook Inlet Tribal Council, Inc (CITC) and its agents, permission to use my likeness in a photograph, film or other digital reproduction in any and all of its publications, in a variety of media, including website entries, without payment or any other consideration. **I understand that my participation waives my confidentiality as a CITC participant, and do so voluntarily and of my own wish.**

I understand and agree that these materials will become the property of CITC and will not be returned. I hereby irrevocably authorize CITC to edit, alter, copy, exhibit, publish or distribute this photo/video for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or Electronic copy, where my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph and/or video. I hereby hold harmless and release and forever discharge CITC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have related to my likeness or any CITC publication of any type.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)