

Douglas Indian Association Tribal Government

811 West 12th Street Juneau, Alaska 99801-1529 Phone: (907) 364-2916 Fax: (907) 364-2917



YOUTH APPRENTICESHIPS and WORK EXPERIENCE OPPORTUNITIES

The Youth Apprenticeship Program is designed to support youth with early college and career exploration pathways to help you envision all the future possibilities.

Our goal is to work with our students to creating meaningful work experience opportunities that promote cultural leadership, professional and educational development, are supported through mentorship and a network of peers.

Work Experience involves developing career readiness skills, creating portfolios for college applications and supporting our communities.

Youth may participate as:

- **4** Artist Apprenticeships
- Language Apprenticeships
- **4** Cultural Apprenticeships
- **Lack Career Exploration Opportunities**

QUALIFICATIONS

High school students between the ages 14-18

Alaskan Native / Native American

YOUTH WORK EXPERIENCE APPLICATION:

Name:				
	Last		First	Middle
Date of Birth:				Age:
Ethnicity:		Alaska Native		□ Native American

Mailing Address:							
	C	ity		State			ZIP Code
		•					
Phone:			E-Mail:	Mail:			
Education, High So	chool .	Attending: _					
Current Grade:		Freshman		Sophomore		Junior	
		Senior		Graduating			
Please List Other I	angua	age Classes C	ompleted	:			
Please List Art Cla	sses C	Completed: _					
Please List Any Ad	ldition	nal Relevant (Coursewo	rk:			
Prior Employment							
 Organization/B 		ss:					
Address:							
Phone:			Dates W				
				Rate of Pay:			

2) Organization/Business:	
Address:	
Phone: Dates Work	ked:
Position Title:	
Description of Job Duties:	
3) Organization/Business:	
Address:	
Phone: Dates Wor	rked·
Position Title:	
Description of Job Duties:	
Please List References for Employment (Teach Name:	• •
Type of Working / Educational Relationship:	
Phone:	
2) Please List References for Employment (Teac	chers, Former Employers, Mentors):
Name:	
Type of Working / Educational Relationship:	
Phone:	
Please List References for Employment (Teacher	rs, Former Employers, Mentors):
Name:	
Type of Working / Educational Relationship:	
Phone:	

Please Describe why you are interested in participal Experience Program and what type of work experience	
CERTIFICATION OF APPLICATION:	
I certify that my answers are true and complete to	the best of my knowledge.
Applicant Signature:	Date:
PHOTO/AUDIO/VIDEO RELEASE I	video recordings on their website and ed through grants managed by and sanctioned naring of photo, video and audio recording is ural knowledge in addition to extending have read this release and am signing below pact of this release. Through this release, I f photos, video and audio recordings.
Signature:	Date:
If the person signing is under age 18, there must be	e consent by a parent or guardian as follows:
I hereby certify that I am the parent or guardian of and I do give my consent for the photo/audio/video	
Printed Parent/Guardian Name (Printed):	
Parent/Guardian Signature:	Date: