

FLORIDA INDIAN YOUTH PROGRAM

APPLICATION PAGE 1

Applications and correspondence should be mailed to:
1341 CROSS CREEK CIRCLE, TALLAHASSEE, FL 32301

Send completed applications in "pdf" form to info@fgcia.com
1-800-322-9186

ELIGIBILITY APPLICATION

(Please be sure to complete all 4 pages of this application)

This is the "Eligibility Application" for the Florida Indian Youth Program (FIYP), the Florida Indian Youth Leadership Academy (FIYLA) and the Florida Indian Youth Program Youth Facilitator Program (FIYF). Please print your initials in the box next to the program appropriate for you.

<p>Print initials here for FIYP</p>	<p style="text-align: center;">Florida Indian Youth Program (FIYP)</p> <p>The FIYP is a program for Native American Youth, ages 14 to 19 years of age, who have not completed the 11th grade.</p>
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<p>Print initials here for FIYLA</p>	<p style="text-align: center;">Florida Indian Youth Leadership Academy (FIYLA)</p> <p>The FIYLA is a special section of the FIYP for students who are graduating from high school this year and for students who have completed their Junior year (11th grade) and will be Seniors in the Fall.</p>
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<p>Print initials here for FIYF</p>	<p style="text-align: center;">The Florida Indian Youth Facilitator Program (FIYF)</p> <p>FIYF is another special section of the F.I.Y.P. A Youth Facilitator is a pre-professional trainee position for students between the ages of 19 and 22 years. A Youth Facilitator <u>must</u> be a High School/G.E.D. graduate <u>and</u> either have successfully completed at least one year of participation in the Florida Indian Youth Program/Florida Indian Youth Leadership Academy, <u>or</u>, successfully completed at least one year of college or vocational / technical school (school and college transcripts may be required for acceptance into this program). All Youth Facilitators must attend the FIYP Counselor Orientation meeting. There will be a limited number of Youth Facilitator positions available.</p>
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<p style="text-align: center;">Application Instructions</p> <p>Please be sure to complete all four pages of Part I of this application and also Part II. If you do not have Part II, please call 1-800-322-9186 to request it.</p> <p>Send a copy of your tribal membership card, Indian Health service card, or whatever documentation you have that you are Native American. Please call us at 1-800-322-9186, if you need assistance.</p> <p>Please complete the Voluntary Consent form (pages 3 and 4). Please include photocopy of front and back of health insurance card or Indian Health Service card along with this form.</p> <p>If student is under the age of 18, a parent or guardian must also sign the application and Voluntary Consent pages.</p> <p>Send completed applications to Florida Indian Youth Program, 1341 Cross Creek Circle, Tallahassee, FL 32301.</p> <p>Always feel free to call 1-800-922-3186 with questions or concerns.</p>	<p style="text-align: center;"><u>2011 Florida Indian Youth Program Dates and Deadlines</u></p> <p><u>February 14, 2011</u> – Applications begin to be mailed out</p> <p><u>March 24, 2011</u> – Absolute deadline for Youth Facilitator applications. YF applications must be 100% complete including references, essay questions, and Consent form must all in our office no later than <u>March 24, 2011</u></p> <p><u>June 16, 2011</u> – Final deadline for all applications</p> <p><u>Saturday, July 9th, 2011</u> – Students travel to Tallahassee for FIYP</p> <p><u>Saturday, July 9th, through Saturday, July 23, 2011</u> – Florida Indian Youth Program, Tallahassee, FL.</p> <p><u>Friday, July 22, 2011</u> – Florida Indian Youth Program Awards Banquet</p> <p><u>Saturday, July 23, 2011</u> – Students return home from Tallahassee</p> <p>All Youth Facilitator applicants must sign below:</p> <hr/>
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FLORIDA INDIAN YOUTH PROGRAM
APPLICATION Page 2
1341 CROSS CREEK CIRCLE, TALLAHASSEE, FL 32301
TELEPHONE: 1-800-322-9186

Fill out this application to the best of your ability, and return it to the address above. Please use blue or black ink and print clearly.

1. NAME: _____ SSN: _____ -- _____ -- _____

SEX: _____ F _____ M CURRENT AGE: _____ BIRTH DATE: _____ / _____ / _____

2. STREET ADDRESS _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP: _____ TELEPHONE NUMBER: (_____) _____ -- _____

Student EMAIL ADDRESS _____

3. CONTACT INFORMATION: _____ (_____) _____ -- _____

Name of Contact Person / Relationship

Telephone Number

Contact EMAIL ADDRESS _____

In order to be eligible to participate in Indian and Native American Employment and Training Programs, you must be American Indian, Alaskan Native, or Native Hawaiian and be able to provide documentation.

4. TRIBE: _____ CITIZENSHIP: United States Other: _____

5. LABOR FORCE STATUS:

Have you been employed within the past 6 months? Yes No What was your last date of employment? _____ / _____ / _____

6. CURRENT EDUCATIONAL INFORMATION - SCHOOL INFORMATION - **CURRENT GRADE** _____

Name of School: _____ From: _____ To: _____

Mo/Yr.

Mo/Yr.

School Address: _____

Telephone #: _____ Principal's Name: _____

7. NUMBER OF HOUSEHOLD MEMBERS: _____ ANNUAL HOUSEHOLD INCOME: \$ _____

(Household income combined)

8. EDUCATIONAL GOALS **(Circle the highest grade you hope to complete in the future):**

High School: 9 10 11 12 College or Vo Tech: 1 2 3 4 Graduate School: 1 2 3 4

9. What type of training or education are you interested in for the future?

Vocational or Technical

Desired Program of Study: _____

Associate Degree/ College

Desired Program of study: _____

CERTIFICATION

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury. I allow the release of this information for verification purposes and I understand that it will be used to determine my eligibility. If accepted, I agree to abide by all rules, regulations and procedures of the Florida Indian Youth Program and the Florida Governor's Council on Indian Affairs, Inc. Employment & Training Program. I do not wish to have my Social Security number shared with any outside agency unless required by law.

_____/_____
Applicant's Signature

_____/_____
Date

_____/_____
Parent or Guardian's Signature if Applicant is under 18

_____/_____
Date

INFORMATION RELEASE FORM

I hereby authorize you to release my records, transcripts, or any other information you may have concerning me to the Florida Governor's Council on Indian Affairs, Inc., Employment and Training Program.

Signature: _____

Florida Indian Youth Program
STATEMENT OF VOLUNTARY CONSENT
Application Page 3

STUDENT'S NAME: _____

In consideration of my or my child's participation in the Florida Indian Youth Program/Florida Indian Youth Leadership Academy/Florida Indian Youth Facilitator Program (whichever applies to student) and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I, _____, having actual knowledge and conscious appreciation of _____ (Parent/Guardian should print name above) the particular dangers involved in the activities described herein, including, but not limited to sports and recreation activities, do hereby request that my child **be excused from participating in the following activities:**

(List activities in which your child should not participate above - **leaving blank means none**)

do voluntarily consent to my participation or my child's participation in the aforementioned activities and release The Florida State University and The Florida Board of Education, their employees and agents, and the Florida Governor's Council on Indian Affairs, Inc. from liability therefrom and assume the risks arising therefrom.

I hereby declare and represent that I am aware that The Florida State University Health Center and/or other appropriate medical facilities will be utilized if necessary, for the treatment of certain injuries and illnesses which might arise out of the above described activities and I do fully consent to the Health Center or other medical facilities providing such treatment. I understand that the treatment of procedures for routine symptoms such as indicative of colds, virus or viral disorders, sore throats, rashes, and upset stomach, among others, would be in the discretion of the University Health Center or other medical facility professional staff. I understand that the treatment would involve the administering of appropriate medication or drugs. I do understand that generally the administering of proper medication or drugs is preferable to leaving the condition untreated; and that violent reaction to medication or drugs could occur. The following are the drugs or medications that disagree with me or my child or to which I/he/she is sensitive:

(list drugs, etc. here - leaving this blank means "None")

Further, my child has the following chronic diseases: (for example, asthma, epilepsy, congenital defects, etc. **Also, indicate here if the student is pregnant; if pregnant, a doctor's release will be required:**)

(leaving this blank means "None")

Should routine first-aid or emergency medical needs arise such as cuts, scrapes, bruises, or lacerations, I consent to treatment necessary to prevent infection and promote healing. This would involve, as a matter of accepted medical practice in the community, cleansing and antibiotic, as appropriate under the circumstances.

Regarding major emergencies or medical traumas, I understand that the University Health Center professional staff would provide whatever care or treatment they reasonably could and would refer to the appropriate physician/facility the further treatment of such. If the Health Center is closed, then other appropriate medical facilities will be utilized by the Florida Governor's Council on Indian Affairs, Inc. Should the Health Center or appropriate medical professionals be unable to contact me, it is my desire that my child receive such treatment, nonetheless, and I will hold the Health Center and/or the Florida Governor's Council on Indian Affairs, Inc. harmless for such treatment or referral.

Being fully aware of the hazards and possible consequences involved in treatment of the above-described routine and major emergency conditions I, being legally competent to give consent, hereby consent to such treatment and agree to hold The Florida State University Health Center, The Florida State University, and The Florida Board of Education, their employees and agents, and the Florida Governor's Council on Indian Affairs, Inc. their employees and agents, free and harmless from any claims, demands, suits, or damages from any injury or complications whatever which may result from such treatment.

I do hereby declare and represent that in making, executing and tendering this Statement of Voluntary Consent, I understand and acknowledge the circumstances involved in my or my child's participation in the described activities, and that I have read this statement, understood its contents, and executed it of my own free will and choice, and do so to benefit the best interests of my child.

(continued on back)

Florida Indian Youth Program
STATEMENT OF VOLUNTARY CONSENT
Application Page 4

IN WITNESS THEREOF, I have executed this document this _____ day of _____, 20____.

Parent or Guardian's Signature:	Witness' Signature:
Parent or Guardian's Printed name: <hr/>	Witness' Printed Name
Parent's Address, City, State, Zip	
Primary Health Insurance Company (if NONE, please indicate NONE. If Indian Health Service, please indicate.)	<p style="text-align: center;">Emergency Contact</p> <p>Parent's daytime phone number:</p> <p>() - _____ area code number</p> <p>Parent's evening and weekend phone number:</p> <p>() - _____ area code number</p>
Policy number: Please include photocopy of front and back of health insurance card or Indian Health Service card along with this form.	<p style="text-align: center;">Additional emergency contact</p> <hr/> <p>Additional adult's daytime phone number:</p> <p>() - _____ area code number</p> <p>Additional adult's evening and weekend phone number:</p> <p>() - _____ area code number</p>

Please have parental signatures witnessed or have this form notarized.

Name, address, and phone number of physician to contact in case of emergency:

Be sure to read and complete other side of this form

Florida Indian Youth Program Application Page 5
Application and correspondence should be mailed to:
Florida Indian Youth Program 1341 Cross Creek Circle, Tallahassee, FL 32301

Thank you for successfully completing Part I of the Florida Indian Youth Program application. There are four parts to this section that you must complete or have completed for you and return to our office:

On the second page of this form, there are two release forms you need to complete, sign and have your parent or guardian sign if you are under the age of 18.

Page three of this form is a survey that will better enable us to individualize your Florida Indian Youth Program experience.

Page four consists of three essay questions that all applicants, including Youth Program, Leadership Academy and Youth Facilitators must answer. Your application will not be considered complete unless these questions are answered.

Also, inserted into this form are three (3) "Personal Reference Forms." All three should be completed by adults other than family members or relatives, and returned to our office as soon as possible. These references are a very important part of the application process and we ask that you take the personal reference process seriously.

General Information

SAFETY AND SECURITY - The student's safety is the highest priority of the Florida Indian Youth Program. The Florida Governor's Council on Indian Affairs, Inc., goes to extraordinary lengths to insure that the students are safe and secure at all times. Florida Indian Youth Program students are provided with 24-hour per day supervision and every student is required to be with a counselor at all times. Our dormitory has 24 hour a day security and Florida State University also provides a security officer whenever the group leaves campus. Upon arrival on campus, the students are given a "Safety and Security" presentation by the F.S.U. Police Department. The rules, regulations and other health and safety measures are also outlined in depth by the Florida Governor's Council on Indian Affairs, Inc., staff. (These same safety and security measures are stressed during Counselor training.) A list of emergency telephone numbers is in each student's F.I.Y.P. Journal and is sent home to the parents. Despite these stringent measures, each student must accept personal responsibility for his or her own safety.

STUDENT BEHAVIOR The Florida Indian Youth Program can only be successful if students remember, at all times, that they represent their tribe, their community, and their family. The FIYP student also needs to remember that some people will have their only experience with American Indians through the Florida Indian Youth Program. College students, faculty and administrators, high ranking government officials (even the Governor) and people from all walks of life may have their only experience with the Native American culture through contact with the students and staff of the Florida Indian Youth Program. The FIYP student's behavior is very important and should represent the proud heritage of their tribe and their family.

Students are expected to act as young adults. They are to follow all the rules of the FIYP and the directions of all counselors, instructors, and F.G.C.I.A. staff. Failure to comply with the rules could result in reprimand from a counselor, instructor, or FGCI staff member, suspension of privileges and/or probation, or even in the student being sent home (at his/her own expense), if counselors and staff felt that the situation called for such drastic action. Violation of the rule concerning the use or possession of any non-prescribed drug or alcohol is considered an extremely serious offense and could result in the student being sent home immediately.

GENERAL FIYP RULES: 1. You must be accompanied by a counselor or staff of F.G.C.I.A. at all times. 2. If you become ill or injured, notify a counselor immediately. ALL accidents and illnesses will require completion of an incident report. 3. Be on time for all sessions. Classes and activities will start promptly at the scheduled times. Your assigned counselor must initial your time sheet for each activity. 4. You must have your FIYP Journal and name tag with you at all programs and activities. 5. You are responsible for any damage to property that is the result of your actions. 6. Our insurance does not cover the loss or damage to personal property. It is up to you to take care of your belongings and money. 7. **The use or possession of any non-prescribed drug or alcohol and all tobacco products is prohibited (not allowed).** 8. No skateboards allowed. Use of rollerblade skates prohibited except in skating arena. A complete set of rules and information about traveling to and from Tallahassee will be sent along with your letter of acceptance.

STUDENT WORKING HOURS AND PAY Students receive a \$5.00 per hour classroom training allowance for hours spent in classroom training activities. This is usually six hours per day, for ten days, or 60 hours, resulting in a total gross pay of approximately \$300.00. Student checks are mailed the week after the end of the program. Any money they have withdrawn from the FIYP Bank is deducted from their paycheck. Also, \$25.00 is deducted from each student's check if they do not return their dorm room key. Youth Facilitators are compensated on a bi-weekly basis. Also, the Florida Indian Youth Program Bank is established as a service to students and counselors. Students are allowed to withdraw up to \$100.00 for the entire duration of the program. They can withdraw no more than \$15.00 in any one day. They are expected to keep a record of their transactions in their FIYP check books. The FIYP Bank also contributes to the objectives of the Money Management program. NOTE: A student who voluntarily leaves before the end of the program will not receive any portion of the classroom training allowance, and would also have to repay any money withdrawn from the FIYP Bank.

Please feel free to call 1-800-322-9186 with your questions or concerns. You can also email Ms. Petra Solimon at psolimon@fgcia.com, or, Bob Kellam at bkellam@fgcia.com.

Information/Photo Release Form

RE: Permissions Granted to the Florida Indian Youth Program

I understand that, F.G.C.I.A Inc. would like permission to reprint any or all material in publication such as their website, newsletter, appeal letters and brochures and other media that F.G.C.I.A Inc. has deemed appropriate.

I do understand these publications may be distributed. This permission extends to the right to use name, and image. This permission extends to the right to quote or paraphrase all or any portion of my writings, projects, personal experiences, remarks and recollections.

I understand that F.G.C.I.A Inc. will be the sole owner of all copyright to said publications.

I hereby release and discharge F.G.C.I.A Inc. and its licensees, successors and assigns from any and all claims, demands, or causes of action that I may have against them by reason of anything contained in any of the above uses, including claims based on the right of privacy, the right of publicity, copyright, libel, slander, or any other right.

I understand that this authorization has no expiration date.

I acknowledge that I am not entitled to receive any goods, services, or form of payment from F.G.C.I.A Inc. and/or its licensees, successors, or assigns in exchange for the use of this information.

Student's Name: _____

Age: _____ Parent's Name: _____

Parent's Signature: _____ Date: _____

School Information Release Form

To: School Principal of the Florida Indian Youth Program Applicant listed below

From: Bob Kellam, Program Director, Florida Indian Youth Program

Re: Required References for Florida Indian Youth Program

Attached are forms used in the application process for our Florida Indian Youth Program. The forms ask questions about both the academic and conduct record of this student. The applicant and parent/guardian have signed below giving their permission for you to release this information to our organization.

The Florida Indian Youth Program (F.I.Y.P.) provides eligible Native American applicants, (ages 14 to 18) with an away-from-home experience that will expose them to academic, cultural, vocational, and social alternatives that result in increasing the probability that the applicant will graduate from high school and go on to some type of advanced training or education. A brief synopsis describing the Florida Indian Youth Program is also enclosed for further information about this great program.

If you have any questions regarding these forms, please contact our office at 1-800-322-9186. We appreciate your cooperation.

School Information Release Form Authorizing Release of the Information Requested Above

Student's Name (Please Print) _____

Student's Signature: _____

Parent/Guardian's Signature _____ **Date** _____

**Florida Indian Youth Program Academic and Activity Survey
Application page 7**

Please Print:

Student Name: _____ Student email: _____

Indicate your interest in learning more about each of these programs. 5 = Extremely interested 4 = Very Interested 3= Interested 2 = Only somewhat interested 1 = not at all interested

Name or type of program	Interest level (5,4,3,2,or 1)	Question	Check correct answer	
Presentation (Powerpoint)		Do you own a computer?	Yes	No
Spreadsheet (Excel or Lotus)		Do you have a page on Facebook , MySpace or a similar website?		
Word Processing (WORD or Wordperfect)		Do you use IM on a regular basis?		
Database (Access or Filemaker)		Do you have your own personal webpage?		
Publishing (Publisher or Pagemaker)		Do you have your own cell phone?		
Graphics and pictures (Photoshop)		Do you use your cell phone for text messaging?		
What specific computer programs would you like to learn or learn to use better?				

Question	Your Answer Here – Please Print
What is your favorite sport to play?	
What is your favorite school subject?	
What is your favorite thing to do in your spare time?	

FLORIDA INDIAN YOUTH PROGRAM APPLICATION

APPLICATION PAGE 8

ESSAY QUESTIONS

All applicants, including those applying for the Leadership Academy, and Youth Facilitators must complete the essay questions.

Your answers to the questions below will be a major factor in the selection of the students who will attend the Florida Indian Youth Program, the Florida Indian Youth Leadership Academy, or the Florida Indian Youth Facilitator Program. Please feel free to use the back of this sheet or additional paper if needed. Be sure to put your name on any additional sheets and indicate the number of the question you are answering.

Applicant's Name (please print) _____

1. Why do you want to participate in the Florida Indian Youth Program?

2. Describe how you have been involved in your community over the past year and how you plan to be involved next year.

3. What do you think is the greatest need of Indian young people, and what do you think can be done to meet that need?