Ge-niigaanizijig

AGES: Elementary Youth (Grades K-6), Teen Youth (12-20), Career Exploration (16-24)

\*\*\*\*Enrolled members of the Mille Lacs Band of Ojibwe\*\*\*\*  
\*\*\*Direct descendants of enrolled Mille Lacs Band Member\*\*\*

\*\*Enrolled in another federally recognized tribal members\*\*

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

|  |  |
| --- | --- |
| Name of Applicant | Date of Application |

1. Career exploration youth applicants must be 16 years of age by date application is signed

\*\*\* No exceptions

1. Teen youth applicants must be 12 years of age by date application is signed

\*\*\*No exceptions

1. Elementary youth applicants 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:  \_\_\_\_ Proof of tribal membership or MLB descendent \_\_\_\_ Proof of residency (tribal ID or school records)  \_\_\_\_ Proof of date of birth (birth certificate, tribal ID, or immunization records) \_\_\_\_ EDP signed and dated  \_\_\_\_Copy of social security card (Career Exploration only) \_\_\_\_ Application signed and dated  \_\_\_\_ Family income (2 months) \_\_\_\_ School verification form  \_\_\_\_Authorization for pick up \_\_\_\_Release of Information  \_\_\_\_Behavior Guideline Form \_\_\_\_Orientation  \_\_\_\_Guardianship Papers (if applicable) |

Total Household Size \_\_\_\_\_\_\_\_\_\_

43408 Oodena Drive Onamia, MN 56359

Phone (320) 532-7407 or 800-922-4457 Fax (320) 532-3785

Revised 5\_21\_20

Youth Participant Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribal ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District You Live In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District You Want to Work In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Phone Number: (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Youth Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

What is the best form(s) of communication? (Phone, Email, Mail) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list an alternate email and/or phone number to reach youth and/or family below-

Email or Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email or Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_ Cell phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Cell phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Do you give permission to receive updates via text? Yes\_\_\_\_\_ No\_\_\_\_\_

Confidentiality is important to all Aanjibimaadizing staff. They are mandated reporters and by law, required to file a report if they believe a child/elder/vulnerable adult is being neglected or abused.

**Medical Care**

1. Do you have any problems that would affect your ability to work a particular job? (for example asthma) ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any current or former problems with alcohol and or/ substance abuse?

( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a disability or handicap that requires special arrangements?

( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any allergies? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you on any medications? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

1. Are you in school? \_\_\_\_\_\_\_\_ Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the highest educational grade completed? \_\_\_\_\_\_\_\_\_\_\_\_
3. Do you plan to return to school in the fall? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a high school diploma or GED ( ) Yes ( ) No

**Release and Waiver of Liability**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (youth name)

Hereby agree not to hold the Mille Lacs Band 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 or I 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.\*\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian or Participant over (18) 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian or Participant over (18) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

**School Attendance**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date Staff Signature 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 programing 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. Any incident will be noted on the weekly evaluation and the youth will be asked to correct the behavior. Parent(s) or guardian(s) will be contacted after any incident. Incentive pay may be reduced. Youth mentors have discretion to make judgements depending on the severity of the incident with director input. Behavior incidents that are serious and occur outside of group may affect your participation and incentive pay.

* Physical violence and/or bullying
  + 1st incident; may be suspended up to two (2) weeks, depending on the incident.
  + 2nd or 3rd incident; incentive pay reduced (teens) or taken away.
  + 4th incident; two (2) week suspension, pay will be taken away.

In the case of police intervention, the youth will be suspended for one (1) year.

If you, the participant or parent/guardian, disagree with the disciplinary action given to the youth, you are welcome to follow the grievance policy in the policies and procedure manual.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

**Emergency Care and Procedures**

**In the event of an emergency our procedure will be:**

1. Begin first aid and call 911 when necessary.
2. Contact a parent/guardian; emergency contact if contact cannot be made.
3. Contact an 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. Ge-niigaanizijig staff will care for the needs of the youth.
2. The parents/guardians or emergency contacts will be notified and expected to pick the youth up.
3. The youth will remain in the room with staff, depending on the situation, until the parents/ guardians 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 hospital emergency service.
5. Parent/guardian will be notified of infections or communicable diseases that directly affects their children (i.e. measles, chicken pox, foot & mouth, etc.) once we have confirmation form a doctor.

If a youth has a document medical plan, that will be followed to the best of the staff’s ability.

9-1-1 may be called in some cases.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

I, hereby authorize the exchange of information by and between the Mille Lacs Band of Ojibwe- Aanjibimaadizing and the following agencies and/or programs:

Applicant Name:

**Ge-niigaanizijig Release of Information**

*\*\*\*Check all that apply:*

\_\_\_\_\_Tribal and State Alcohol and Drug Programs \_\_\_\_\_Tribal/State Housing Programs \_\_\_\_\_Tribal/State Housing Colleges/Universities \_\_\_\_\_Social Security Administration \_\_\_\_\_Veteran’s Organizations and Programs \_\_\_\_\_Tribal/State/Federal Probation Programs \_\_\_\_\_Tribal/State Child Protection Services \_\_\_\_\_Applicant’s Tribe (where enrolled) Applicant Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Elementary/High School Records \_\_\_\_\_Online Academic Portal School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_All Employers (past and present) \_\_\_\_\_Tribal/State Employment Offices \_\_\_\_\_Tribal/State Vocational Rehabilitation Programs \_\_\_\_\_Veteran’s Administration \_\_\_\_\_Tribal/State Education Agencies \_\_\_\_\_Tribal/State/Federal Courts \_\_\_\_\_Tribal/State Medical Services \_\_\_\_\_Tribal Departments/Programs \_\_\_\_\_Utility Companies and their affiliates \_\_\_\_\_State Community Action Agencies \_\_\_\_\_Contractors used in the commission of services \_\_\_\_\_Tribal/State Mental Health Services

Other as may be identified on the Application for Services and Supplemental forms and documents.

I, authorize the Mille Lacs Band of Ojibwe Ge-niigaanizijig program to obtain and/or exchange information necessary to establish eligibility for program services. Any information exchanged or obtained will be used for the purposes of determining eligibility for programs and services under the direction of Mille Lacs Band Aanjibimaadizing. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services to me or on my behalf. I further understand ant information obtained may be released to a proper governmental agency, court or law enforcement agency for purposes of legal and investigative action concerning fraud. This release of information will remain in effect for (1) year from the date of signature or until I request in writing to rescind this authorization. This authorization will expire on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

ACKNOWLEGDE AND AUTHORIZE FOR THE RELEASE OF INFORMATION

I, hereby certify that I have read and understand the reason and terms for this release of information. My signature authorizes the Release of information to and by the Mille Lacs Band of Ojibwe Ge-niigaanizijig.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Minor Applicant/Parent or Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_

**Pickup/Drop Off Authorization**

To protect the safety and well-being of the youth, provide a list of people approved to take over care. Only the listed names will be allowed to pick up your child from programming. Youth may also be allowed to get dropped off at their residence.

**\*Verbal consent MUST be given directly to staff before either action will be taken.**

Provide a list of people that are NOT allowed to pick up youth under any circumstance. If there are special precautions that need to be taken by staff, provide more details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Authorized Person(s):*

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Unauthorized Person(s):

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

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

A new form must be submitted if you would like to add/drop any names. Staff will not release care of youth unless the name is on the approved list AND verbal consent was given.

**\*\*If staff drop a child off, they must see them enter the home.**

**School Verification Form**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student listed above attends your school and we need to verify this person meets your attendance and progress standards for the school year of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrolled in School:** YES NO

**Is student attending?** YES NO **Truancy File?**

**Maintaining 2.0 GPA** YES  NO

**Is student attending tutoring**? YES NO Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attending credit recovery**? YES NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Official and Title**  Date

Authorization for Release of Information

I give permission for the person/organization above to release weekly progress reports to the above agency. This information is used to figure my eligibility for Ge-niigaanizijig

The authorization will be valid for the school year of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed forms and attach a copy of student grades

Phone: (320)532-7407

Fax: (320)532-3785

Mille Lacs Band of Ojibwe- Ge-niigaanizijig ATTN: Youth Mentor 43408 Oodena Dr. Onamia, MN 56359

***Only teens***

**\*Please read the following statements and initial your understanding of the statement\***

Participant Initial

1. All Career Exploration jobs will require drug testing \_\_\_\_\_\_\_\_\_\_

2. Some job placements will require a background check (If 18+) \_\_\_\_\_\_\_\_\_\_

3. If you are a male between the ages of 18-24, you must register for selective services to be eligible to work for a federally funded program.

\* (If you need assistance contact the youth mentor in your district) \_\_\_\_\_\_\_\_\_\_

Unemployment Compensation: Participants are eligible for unemployment

I understand that the teen program is a federal grant supported employment training program of the Aanjibimaadizing program, and that Minnesota Statute 268.035, Sub. 20 (10) defines such programs as non-compensation for any Teen hours once I leave or complete the program. I also understand that I must report my teen program income if I am currently receiving unemployment.

Certification:

I certify that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and that 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 to have provided false information and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and I understand that it will be used to determine my eligibility to participate in the Ge-niigaanizijig program.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature and Date

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (If under the age of 18) and Date

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Mentor Signature and Date

***Only teens should complete this page***

**CONSENT FORM FOR DRUG & ALCOHOL TESTING & CONFIDENTIALITY AGREEMENT FOR AANJIBIMAADIZING YOUTH PARTICIPANTS**

The Mille Lacs band of Ojibwe has adopted the drug free work place law which allows us to provide a safe, efficient and productive work environment for our employees. To help ensure a safe and healthy work environment, employees will be asked to provide a drug and alcohol sample to determine that illicit or illegal use of drugs and alcohol. This would apply to the Aanjibimaadizing program participants. In order for your child to participate in the Aanjibimaadizing Youth program we require that a consent form be signed by you as the Parents/Guardians that give the Mille Lacs Band of Ojibwe permission to do an alcohol or drug screen within these areas:

• **For Career Exploration Admission-** Based on screening outcome, youth participant will be placed in appropriate training program.

• **Post Accidental-** A Career Exploration student in a work related injury or accident that requires medical treatment or causes property damage or loss.

• **Reasonable Suspicion-** A youth who exhibits behavior which creates a reasonable suspicion of being under the influence of alcohol or other drugs at work.

• **Reasonable suspicion for Possession-** the Mille Lacs Band of Ojibwe reserves the right to utilize the assistance of law enforcement personnel in cases of possession or use of illegal substances on band property.

We will contact the parents/guardians if a youth worker is required to do an alcohol and drug screen. In order for your child to participate in the Youth Program, we do ask you as the parents/guardians and your child to sign this consent form. If a youth tests positive they are suspended from the program for 30 days, suspension from the program must retest with a negative result. A second positive drug or alcohol test will result in a 90-day suspension and must retest with a negative result. A third positive test will result in a one-year suspension.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to do the required alcohol and drug screen if there are circumstances as stated above which require this testing. I understand that this is a requirement in order for mu child to participate in the youth program. I further understand that I will be contacted, however if I am unavailable at the time, the testing will be conducted without my presence.

Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Only teens should complete this page***

**After school/ Extracurricular/Cultural Activity Policy**

The Mille Lacs Band- Ge-niigaanizijig program highly encourages and promotes its participants to be involved in after school activities during the school year. Participants who are involved with Ge-niigaanizijig can be compensated with activity pay if the following criteria is meet:

1. \_\_\_\_\_\_\_ Participants must hand in a schedule with coach/elder/instructor documentation for events/ games/ practices they attended. The coach/elder/instructors email or phone number for verification is required.

2. \_\_\_\_\_\_\_ Participants involved in after school activities MUST maintain a 2.0 GPA while involved in with the after school activity.

If the participant has an open or no practice day they should attend group to receive incentive. If students have practice all the days of scheduled group meetings they must contact their youth mentor to receive an assignment and turn it in by Thursday at 6 pm with the signed documentation from the coach/elder/instructor. Students who have not attended group or completed the assignment will not receive incentive pay. Group work and assignments cannot be made up.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If applicant is under 18 years old)

School or cultural representative contact information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Teens Only***

**Check Release form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the following people to sign for my weekly Ge-niigaanizijig incentive check. I understand that the only people who are authorized to sign for my check are the following people, and that if I want someone else to sign for my check I have to come back in with my Parent/ Guardian and resign this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to sign for my weekly Ge-niigaanizijig incentive check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to sign for my weekly Ge-niigaanizijig incentive check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to sign for my weekly Ge-niigaanizijig incentive check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to sign for my weekly Ge-niigaanizijig incentive check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to sign for my weekly Ge-niigaanizijig incentive check.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Only teens***

**Academic Achievement Incentives**

The Mille Lacs Band- Ge-niigaanizijig program rewards participants for academic success and achievement during the school year for the students attending a high school. This incentive program recognizes participants for earning honor roll status, perfect attendance and improvement of grades on a quarterly basis.

A-Honor Roll (3.66 to 4.0) = $250 Cash Incentive

B-Honor Roll (3.0 to 3.65) = $100 Cash Incentive

Improvement of Grades=$25 per letter grade improved per report card

Perfect Attendance= $100 Cash Incentive- Per Quarter

High school Graduation or GED= $500

\* To obtain full amounts as listed above participants cannot have more than 5 unexcused absences during the quarter in which they qualified for an academic achievement incentive. If a participant has more than 5 unexcused absences the amount given will be half as listed above.

\* To obtain full amounts as listed above participants cannot have more than 7 tardy during the quarter in which they qualified for an academic achievement incentive. If a participant has more than 7 tardy the amount given will be half as listed above.

\* Participants who Improve D’s and F’s must convert the letter grade to at least a C

\* All grade improvements must be a full letter grade (ex: c- to a b-)

\* Participants who have zero unexcused absences during a quarter will be eligible to receive the perfect attendance incentive. To obtain the full amount participants cannot be tardy more than 7 times during the quarter. Participants who are tardy more than 7 times will be subject to half the amount as listed above.

**Teen Youth Incentives**

**Teens may receive a paid incentive for attending and participating in youth lessons. Lessons will be based on 4 core components of Culture, Community, Career and Education.**

**Incentive payment is not guaranteed. Youth may earn up to $50 per week during the school year and $100 per week in summer.**

**Incentive pay is based on 5 components that will be rated by the youth mentors on a weekly basis. These components are:**

**• Attendance**

**• Participation**

**• Respect to other Youth**

**• Respect to the Youth Mentors**

**• Goals and Direction**

**Each component would be rated as a pass/fail. Failing to meet a component will mean that incentive payments will be reduced $10. Ge-niigaanizijig has high expectations for youth to help them be successful in the future and achieve self-sufficiency.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Signature and Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature and Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature and Date**

**What can a Career Exploration Person Expect?**

**Career Exploration Only**

Any WEX worker is to be supervised. Your supervisors name and phone number are:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

• Timesheets- There should be weekly Career Exploration timesheets. If you need copies, please call and we can send some more over. Timesheets are legal documents. If it is found that a client/supervisor is forging, altering, or adding hours that are not actually worked they will be declined WEX labor form one year (12 months) of the incident.

• Attendance- You are expected to be on time and ready for work at your appointed time. If for some reason that you would be late or need to call in contact your supervisor as soon as possible. The expectation is that you call in before your shift would start.

• A drug and alcohol test and background check is required for certain positions in WEX. Some positions may be worked on a probationary basis before your results are back. Once your results are back, then you will be called to become authorized to start.

• At any time if there are issues with a placement, staff at Aanjibimaadizing can request that a Rule 25 or diagnostic assessment be completed and recommendations followed before return to the WEX program. These items are expected to be completed within 30 days of the request. To schedule either of these email Katye Hill at Katye.Hill@millelacsband.com.

• Support services are not guaranteed when in the WEX program. All of those will need to be requested and followed up on by the client. There are two services offered when placed in long term WEX positions (more than 80 hours). There is an initial meal support of $30 and a $30 gas card. A clothing gift will require a receipt within 30 days or the client will be ineligible for support services for one year after the services was issued.

**Career Exploration Only**

This agreement is made between the Mille Lacs Band of Ojibwe- Aanjibimaadizing and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (youth participant). It is effective as of the date entered below and shall continue in effect as long as the employee continues his/her employment with the Aanjibimaadizing program.

The above named employee agrees and understands that certain sensitive and confidential information may be obtained by the employee in the course of his/her employment with the Aanjibimaadizing Program. By signing this document, the employee agrees to the following:

1. To maintain the confidentiality of all Aanjibimaadizing and workforce financial information. This includes, but is not limited to, all information regarding investments, financial or band accounts, investment or financial strategies, grants, revenues and/or budget information pertaining to band member;

2. To maintain confidentially of all Band Member confidential information. This includes, but is not limited to, individual applications for housing programs, financial information, mortgages, loans, educational programs, medical information, or other non-public information pertaining to Band Member;

3. To maintain confidentiality of all Aanjibimaadizing program and business information including, but not limited to financial and/or participant information regarding the band’s programs, businesses, entitles, committees or board;

4. To maintain confidentiality of all information contained in employee personnel files and employee salary information;

5. To maintain confidentiality of all Aanjibimaadizing documents concerning band suppliers, vendors, contractors, service providers and contracts;

6. To maintain the confidentiality of all other Aanjibimaadizing information that the band could reasonably expect to be kept private.

This agreement shall be governed in accordance with the laws of the Mille Lacs Band of Ojibwe- Aanjibimaadizing Program. By signing this agreement, the employee consents to the jurisdiction of court of central jurisdiction to resolve disputes arising out of this agreement and to enforce the terms of this agreement. Nothing in this agreement shall be construed as a waiver of sovereign immunity.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read this agreement before signing it and agree to its terms in their entirety. I understand that I may not disclose any information protected by this agreement without first receiving explicit written permission from a Band government official at the Commissioner level or higher.

EMPLOYEE: Dated This\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or print name above Type of print name above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature Parent/Guardian signature (if employee is under 18)

Acceptance of employment by the Aanjibimaadizing Youth Employment Program means compliance with the Mille Lacs Band Employee Policies, not limited to but including, the following:

**Behavior of Employees:**

It is the policy of the Band that certain rules and regulations regarding employee behavior are necessary for the efficient operation of the Government and for the benefit and safety of all employees. Conduct that interferes with operations or discredits the mille Lacs Band or is offensive to band members or fellow employees will not be tolerated.

**1. All Employees are expected to conduct themselves and behave in a manner which is conductive to the efficient operation of the Band. Such conducts include:**

a. Reporting to work punctually (as scheduled) and being at the proper work station, ready for work, at the assigned time;

b. Notifying the supervisor in advance when the employee will be absent from work or is unable to report on time;

c. Complying with all Band and worksite safety regulations;

d. Smoking only at times and places not prohibited by departmental rules or executive, commissioner, or secretarial order; if of legal age

e. Treating all Band Members, visitors and fellow employees in a courteous manner;

f. Restraining from behavior or conduct deemed offensive or undesirable or which is subject to disciplinary action;

g. Performing assigned tasks efficiently and in accordance with established quality standards; and

h. Reporting to the appropriate Executive, Judiciary or legislative staff suspicious, unethical or illegal conducts by fellow employees, customers or suppliers.

**2. The following conduct is prohibited and will subject the individual involved to disciplinary action, up to and including termination:**

a. The reporting to work under the influence of alcoholic beverages and/or illegal drugs and narcotics or the use, sale, dispensing or possession of alcoholic beverages and/or illegal drugs and narcotics on Band premises;

b. The use of profanity or abusive language;

c. The possession of firearms or other weapons during working hours;

d. Insubordination or the refusal by an employee to follow management’s instructions concerning a job-related matter;

e. fighting or assault on a fellow employee, customer or Band member;

f. Theft, destruction, defacement or misuse of Band property or of another employee’s property;

g. Falsifying or altering a Band or worksite record or report, such as an application for employment, a medical report, a production record, a time record, and expense account, an absentee report or shipping and receiving records;

h. Threatening or intimidating the Administration (Judiciary, Executive, and Legislative staff), supervisors, security guards, law enforcement officials or fellow workers.

i. smoking, if prohibited by department rules;

j. Engaging in any form of sexual harassment.

**3. The examples in comment 2 above illustrate the type of behavior that will not be permitted but are not intended to be all-inclusive. Any questions in connection with this policy should be directed to the executive director of the Aanjibimaadizing program.**

**Personal Appearance of Employees**

As representatives of the Mille Lacs Band- Aanjibimaadizing, the public will perceive employees as representatives of the Band. Therefore, all employees should strive to appear neat. Employees are expected to use their own discretion and common sense when dressing for their position on different occasions. It will be the responsibility of the appropriate supervisor to notify an employee if the employee’s attire is inappropriate.

**Use of Communication Systems**

It is the policy of the Band to provide or contract for the communication services and equipment necessary for the conduct of its business. Such communication services and equipment should not be used for personal purposes except in emergencies or when extenuating circumstances warrant it.

1. Employee personal use of the Band’s or worksite communication services and equipment is restricted because such usage can impede the normal flow of business, incur unnecessary Band or worksite expense and reduce productivity. When personal usage of Band or worksite communication facilities is unavoidable, employees must properly log any user charges and reimburse them to the Band or worksite. Personal long distance telephone calls should normally be either placed collected or charged to the caller’s home phone.

2. Employees who do not have direct access to a band or worksite telephone should make provisions to have emergency or other necessary incoming calls routed to their supervisor. The Band or worksite does not, however, accept responsibility for the prompt or accurate relay of personal messages.

3. Employees are not to use Band or worksite stationary or postage for personal letter. Personalized stationary and business cards may only be issued by the Band or worksite. Employees should exercise care so that no personal correspondence appears to be an official communication by the Band or worksite.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to abide by the Mille Lacs Band of Ojibwe-Aanjibimaadizing program for the period of employment placement, beginning when signed through end of the work experience placement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian (if under 18) Signature Date

**Ge-niigaanizijig Staff Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Carlos Merrill | Director | (320)674-4347 | carlos.merrill2@millelacsband.com |
| Stacey Boyd | D1 Coordinator | (320)309-9302 | stacey.boyd@millelacsband.com |
| Coleen Lueck | D1 Teen Mentor | (320)362-4605 | [coleen.leuck@millelacsband.com](mailto:coleen.leuck@millelacsband.com) |
| Justin Eich | D1 Teen Mentor | (320)674-0246 | justin.eich@millelacsband.com |
| Bugs Haskin | D1 Elementary Mentor | (320)-630-2412 | bugs.haskin@millelacsband.com |
| Noel Kegg | D1 Elementary Mentor |  |  |
| Cheyanne Peet | D2 Coordinator | (320)362-1608 | cheyanne.peet2@millelacsband.com |
| Hali Little Cloud | D2 Teen Mentor | 320-630-1655 | hali.littlecloud@millelacsband.com |
| LaDrake Powell | D2 Teen Mentor | 320-674-4092 | [ladrake.powell@millelacsband.com](mailto:ladrake.powell@millelacsband.com) |
| Nathan Peet | D2 Elementary Mentor | 320-364-0189 | nathan.peet@millelacsband.com |
| Joshua Benjamin | D2 Elementary Mentor | 320-630-0991 | joshua.benjamin@millelacsband.com |
| Jennifer Gahbow | D2a Coordinator | 320-630-0968 | jennifer.gahbow@millelacsband.com |
| Jackson Pratt | D2a Teen Mentor | 320-250-7962 | [jackson.pratt@millelacsband.com](mailto:jackson.pratt@millelacsband.com) |
| Rylea Durbin | D2a Teen Mentor | 320-292-2526 | rylea.durbin@millelacsband.com |
| Jaylene White | D2a Elementary Mentor | 320-362-0862 | jaylene.white@millelacsband.com |
| Stanley Nayquonabe | D3a Coordinator | 320-364-3858 | [stanley.nayquonabe@millelacsband.com](mailto:stanley.nayquonabe@millelacsband.com) |
| Monica Benjamin | D3a Teen Mentor | 320-292-9344 | monica.benjamin@millelacsband.com |
| Mardell Thomas | D3b Coordinator | 320-630-1710 | mardell.thomas@millelacsband.com |
| Brandi Shaefer | D3b Elementary Mentor | 320-282-1480 | brandi.shaefer@millelacsband.com |