

Cameron Chapter

Summer Youth Employment Program

Required Documents/Check list

- ____ High School Student Work Up to 32 hours
____ College, University Work Up to 40 hours
____ Vocational or Technical Institute Work Up to 40 hours
____ Other _____

Eligibility Criteria:

- ____ Navajo Nation Certificate of Indian Blood
____ Between the ages of 14-25yrs old(Can not turn 26yrs old while employed)
____ Enrolled in High School, College, University, Vocational or Technical Institution.
____ Returning to High School, College, University, Vocational or Technical Institution.
____ Unemployed at the time of applying.
____ If under the age of 18 the Parent(s) must be current registered voters of Cameron Chapter for at least the past 90 days per Navajo Nation Policy.

Documents to be submitted:

- ____ Completed Summer Youth Employment Application
____ Cameron Chapter Voter's Registration-Blue Form "Voter's Copy" age 18 & Over
____ If under 18 years of age must have parents blue form labeled "Voter's Copy"
____ Letter of Interest
____ Social Security Card-Signed
____ Certificate of Indian Blood- CIB
____ Identification Card (Photo ID)
____ Birth Certificate

All Documents must be submitted at the same time, incomplete application packets will not be accepted, and returned immediately to applicant.

Please contact Cameron Chapter Office at 928-679-2323 for any information.

(For Office Use Only)

Date Received:

Verified By:

CAMERON CHAPTER

Summer Youth EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
NAME:		SOC. SEC. #:	
ADDRESS:		CENSUS #:	
DRIVER'S LICENCE/ID #:	STATE:	EXPERATION DATE:	
PHONE OR MESSAGE #:	DATE OF BIRTH:	GENDER () MALE () FEMALE	
NAVAJO: () YES () NO	ARE YOU REGISTERED WITH THE CAMERON CHAPTER? () YES () NO		
ARE YOU A VETERAN? () YES () NO		WHICH BRANCH?	
ENTRANCE DATE:		DISCHARGE DATE:	
EMPLOYMENT DESIRE			
POSITION		DATES AVAILABLE TO WORK:	
ARE YOU CURRENTLY EMPLOYED? () YES () NO IF YES, WITH WHO?			
ARE YOU RELATED TO ANYONE IN OUR EMPLOYMENT? () YES () NO IF YES, WHO?			
EDUCATION			
SCHOOL NAME AND ADDRESS	YEARS ATTENDED	DATE GRADUATED	SUBJECT STUDIED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
OTHR TRAINING, TRADESCHOOL, ETC.			
EMPLOYMENT HISTORY			
DATE OF EMPLOYMENT	POSITION HELD	NAME & ADDRESS OF EMPLOYER	DISCRIPTION OF WORK
FROM: TO:			
FROM: TO:			
FROM: TO:			
IN CASE OF EMERGENCY, NOTIFY			
CONTACT PERSON:	ADDRESS:	PHONE:	
CONTACT PERSON:	ADDRESS:	PHONE:	

I CERTIFY THAT ALL STATEMENT ON THIS PPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

PARENT/GURDIAN SIGNATURE

DATE

CAMERON CHAPTERHOUSE/ SUMMER YOUTH PROGRAM

LIABILITY WAIVER

Participant Name (please print) : _____

In consideration of the Cameron Chapter House, CCH, granting the Participant(s) to participate in the Summer Youth Activities, I, Parent of Legal Guardian of Participant, and on behalf of Participant hereby assume all risks of personal injury that may result from participation to Summer Youth activities and agree as follows:

I, Parent or Legal Guardian of the Participant do hereby claim financial responsibility for the summer youth courses taken at Cameron Chapter House for my child.

Signature of Parent: _____ Date: _____

I, Parent or Legal Guardian of the Participant acknowledge and am aware that there are risks , hazards and dangers including, but not limited to personal injury, death, disability, and or loss or damage to personal property, in participating in Cameron Chapter House Summer Youth Program, (CCHSYP).

Parent of Legal Guardian, on behalf of Participant, hereby releases, waives, and covenant's not to sue, CCH, or any of its elected and appointed officials, employees, officers agents, successors, assignees, and volunteers regarding any and all claims arising in direct relation to Participant's assumption of risk in participating in CCH Summer Youth Programing. To the fullest extent permitted by law, I shall indemnify, and hold harmless CCH, its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers, from any and all claims, lawsuits, losses, and liability arising out of Participant's involvement in this activity. Further, CCH does not waive its sovereign immunity by executing or entering into this Waiver/Agreement and specifically retains all immunities and defenses available pursuant to all other applicable laws.

A. Consent for Medical Assistance / Insurance Information / Medical Information

In the event of an injury or serious illness, the parent/legal guardian will be notified immediately by CCH personnel of the situation. In the interim, I _____ hereby grant proper CCH authorities
(Parent/Legal Guardian)
to seek immediate medical attention for : _____ (child's name).

In case of emergency and the parent List of any Medical information CCH should be aware of (allergies, asthma, medications, etc.):

B. Transportation

I, as the parent/legal guardian of the above named child (participant), hereby give permission, in relation to CCH Summer Youth Programming, to transport the child to and from the destination. Circle the appropriate phrase.

Permission Granted

Permission Denied

Participant agrees to abide by Cameron Chapter Summer Youth Policies and procedures, including safety rules for the facilities and other buildings on the chapter compound. Participant agrees to comply with any specific instruction or request given by CCH staff.

I hereby certify that as the Parent/Legal Guardian of the above Participant, I have carefully read the forgoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Waiver. I am aware that by signing this Waiver, I assume all risk and waive and release certain substantial rights that I may have. I acknowledge that this Waiver/Agreement is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Please note that a child (or children) WILL NOT be allowed to attend Summer Youth Program until this form is completed in its entirety, and submitted to Cameron Chapter House. Fax # 928.679.2297.

Parent/Guardian: _____

Signature

Printed Name