

NATIVE AMERICAN FISH & WILDLIFE SOCIETY

NATIONAL NATIVE AMERICAN ENVIRONMENTAL AWARENESS SUMMER YOUTH PRACTICUM



The Native American Fish and Wildlife Society (NAFWS) is proud to announce our 2020 National Native American Environmental Awareness Summer Youth Practicum (SYP).

Are you an incoming 10th – 12th grader or do you know of someone that will be in the 10th – 12th grade that is interested in learning more about: Natural Resources? Wildlife? Recreation? Fish? Rivers? Traditional Ecological Knowledge? Range Management? Forestry? Watershed? Tribal Lands? Sacred Areas? OR the preservation, protection, conservation, enhancement of natural resources? Then, the SYP is for YOU! Please Apply!



Date: July 20, 2020 – July 25, 2020



Location: YMCA of the Rockies, Estes Park, Colorado



Cost: FREE! Food, Travel and Lodging expenses covered



Application Deadline: April 10, 2020

HARD COPY APPLICATIONS MUST BE POSTMARKED BY April 10, 2020.

EMAILED & ELECTRONIC COPY APPLICATION MUST BE RECEIVED BY April 10, 2020 at 11:59PM MST. ONLY COMPLETED applications will be considered.

The SYP is designed to provide Native American students (incoming 10th – 12th grade) an opportunity to gain hands-on and in-lecture experience in the interdisciplinary components of natural resource management and Indigenous knowledge. One of the goals of the NAFWS is to educate Native American youth to understand the importance of professional natural resource management and the interconnectedness to culture, as well as encourage them to continue their education and pursue careers in the natural resource fields.

For more information contact AND/OR to send complete applications to:

Ashley Carlisle, Education Coordinator

By Mail: 10465 Melody Dr, Ste. 307, Northglenn, CO, 80234-4126

Website: nafws.org

Email: acarlisle@nafws.org | **Phone:** (303)466-1725 Ext. 4

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CHECKLIST

Make sure you have enclosed the following materials:

- Completed Application
- Essay
- Resume (Optional)
- Signed Student and Parent Contract
- Signed Picture Release Statement
- Completed Student Emergency Medical Information Form and Parent Contract
- 2 Letter of Recommendation (To be sent separately by Recommenders, Letters of Recommendations should be submitted by the SAME deadline as application)

APPLICATION CLOSING DATE IS APRIL 10, 2020. PLEASE MAKE SURE THAT YOUR APPLICATION IS COMPLETE. APPLICATION AND LETTERS OF RECOMMENDATION MUST BE POSTMARKED BY AND NO LATER THAN APRIL 10, 2020. EMAIL SUBMISSIONS MUST BE RECEIVED BY 11:59PM ON OR BEFORE APRIL 10, 2020.

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APPLICATION FOR ADMISSION

FULL LEGAL NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ BIRTH DATE: _____ AGE: _____

SCHOOL: _____ GRADE (UPCOMING FALL 2020): _____

TRIBAL AFFILIATION: _____ ENROLLMENT # (IF AVAILABLE): _____

NAME & PHONE OF PARENT OR GUARDIAN: _____

T-SHIRT SIZE (CIRCLE): XS S M L XL XXL

*** STUDENT MUST BE IN GOOD PHYSICAL CONDITION AS PHYSICAL ACTIVITIES ARE PART OF SYP ***

ON A SEPARATE SHEET OF PAPER, PLEASE TYPE A SHORT 300- 500 WORD ESSAY TO ANSWER:

- Tell us about yourself! Who are you? Where you from? Hobbies? Sports? Favorite outdoor activity?
- Share your interests, jobs and/or activities regarding natural resources such as outdoor recreation, fisheries, wildlife, forestry, range management, watershed, lakes, conservation management and Traditional Ecological Knowledge?
- What do you think is natural resource conservation? Why is it important? How does it connect to your culture, language and/or traditions?
- What area of natural resource conservation would you like to learn more about? Why?
- What is your opinion of natural resource management on your reservation or community? How would you improve it?

HOW DID YOU HEAR ABOUT AND GET THIS APPLICATION? (SCHOOL, TRIBAL NATURAL RESOURCE DEPT., WEBSITE, FACEBOOK, NAFWS MEMBER, FRIEND, PARENT, EMAIL, POSTED, ETC): _____

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LETTER OF RECOMMENDATION 1

STUDENT: Please give this to an adult who knows you and is familiar with your schoolwork, extracurricular activities, interest in natural resources or work qualities (for example: teacher, counselor, coach, job supervisor, tribal leader, elder etc. NOT A RELATIVE). Also, allow ample time for your recommender to submit, recommended time to ask/request a letter from a recommender is 2 weeks before the deadline date. An idea to ensure submission from recommender is to send a reminder email, phone call, letter, note or in-person.

APPLICANTS NAME: _____

RECOMMENDER: The individual named on this form is being considered for participation in the Native American Fish and Wildlife Society's 2020 National Native American Environmental Awareness Summer Youth Practicum. This course is designed to enhance Native Youth appreciation and understanding of tribal natural resources (Fish & Wildlife, Range Management, Watershed, Conservation Law Enforcement, Forestry, etc.) while encouraging them to consider careers in a natural resource field. On a separate document, you may find out more information at nafws.org. Please address the questions listed below or use them as a guideline.

Your letter is confidential: Please note the deadline for receiving applications and related materials is either MAIL POSTMARKED BY April 10, 2020 or EMAILED BY 11:59pm on April 10, 2020. SEND THE LETTER TO and/or if you have any questions contact:

Ashley Carlisle, Education Coordinator

By Mail: 10465 Melody Dr, Ste. 307, Northglenn, CO, 80234-4126 |

Email: acarlisle@nafws.org | **Phone:** (303)466-1725 Ext. 4

QUESTIONS:

1. How well and for what length of time have you known the applicant, what is your relationship to the applicant?
2. Please describe the applicant's attitude towards school and education.
3. Has the applicant demonstrated an interest in natural resources? How?
4. Does the applicant work well in a group setting?
5. Has the applicant had any disciplinary problems that you are aware of?
6. Has the applicant discussed his/her career goals with you? What are they?
7. What are the applicant's strengths and weaknesses?
8. Please include any additional information or comments that might help us evaluate the applicant's qualifications.

SIGNATURE OF RESPONDENT: _____ DATE: _____

NAME & TITLE OF RESPONDENT: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO APPLICANT: _____

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LETTER OF RECOMMENDATION 2

STUDENT: Please give this to an adult who knows you and is familiar with your schoolwork, extracurricular activities, interest in natural resources or work qualities (for example: teacher, counselor, coach, job supervisor, tribal leader, elder etc. NOT A RELATIVE). Also, allow ample time for your recommender to submit, recommended time to ask/request a letter from a recommender is 2 weeks before the deadline date. An idea to ensure submission from recommender is to send a reminder email, phone call, letter, note or in-person.

APPLICANTS NAME: _____

RECOMMENDER: The individual named on this form is being considered for participation in the Native American Fish and Wildlife Society's 2020 National Native American Environmental Awareness Summer Youth Practicum. This course is designed to enhance Native Youth appreciation and understanding of tribal natural resources (Fish & Wildlife, Range Management, Watershed, Conservation Law Enforcement, Forestry, etc.) while encouraging them to consider careers in a natural resource field. On a separate document, you may find out more information at nafws.org. Please address the questions listed below or use them as a guideline.

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7. What are the applicant's strengths and weaknesses?
8. Please include any additional information or comments that might help us evaluate the applicant's qualifications.

SIGNATURE OF RESPONDENT: _____ DATE: _____

NAME & TITLE OF RESPONDENT: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO APPLICANT: _____

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STUDENT CONTRACT

Acceptance to the SYP is a privilege, but it also requires students and parents/guardians to assume certain responsibilities.

STUDENT: I, _____, as part of the 2020 National Native American Environmental Awareness Summer Youth Practicum accept the conditions stipulated below:

1. I will participate in and be on time to all session and activities, unless excused by a staff member.
2. I will conduct myself in an appropriate manner and be respectful and courteous as a representative of my Tribe.
3. I will sleep where assigned and realize that I may be with people I have never met.
4. I understand that no one is allowed outside of sleeping quarters after 10:30pm and that all lights must be out by 11:00pm and that there will be a bed check every night by a chaperone.
5. I will not use or bring or attain drugs or alcohol during the SYP and I understand that by doing this, I will be sent home AT MY PARENTS'/GUARDIANS' EXPENSE.
6. I understand that I may be held responsible for any damage to SYP equipment or facilities.
7. I understand that there must be quiet time between midnight and 5:30am.
8. I understand that no water balloons or fireworks will be allowed.
9. I understand that no portable CDs, cassette players, ipods, portable speakers, vape pens, weed pens, etc., will be allowed AND it is NOT the NAFWS responsibility for any loss or stolen items.
10. I understand that during SYP sessions and activities, I will not wear (i.e. earphones hanging from shirt collar) any headphones, earphones, and/or air pods, UNLESS given permission by staff.
11. I understand that no visitations from family, friends, etc. is allowed during the entirety of the SYP.
12. I understand that bullying and/or hazing (physical, verbal, emotional, sexual, mental) is not acceptable. I understand that by doing this, I will be sent home AT MY PARENTS'/GUARDIANS' EXPENSE.
13. I will adhere to these and all other rules of the SYP and the YMCA of the Rockies.
14. I understand that there will be no smoking nor vaping allowed, tobacco will or may be used for Traditional purposes only, and that by signing this contact, I will agree to refrain from smoking for that period.

Student, I have read, understand and accept all the conditions above:

Signature of Student: _____ Date: _____

Parent or Guardian, I have read, understand and accept all the conditions above AND overviewed them with student:

Signature of Parent or Guardian: _____ Date: _____

PICTURE RELEASE STATEMENT

I, _____ PARENT OR GUARDIAN, OF _____ give permission for Native American Fish & Wildlife Society National Native American Environmental Awareness Summer Youth Practicum to take pictures, videos, Instagram Stories, of my student which may be used in newspapers, television, magazine articles, websites, NAFWS Facebook page, documentations, presentations and talks concerning the SYP without compensation.

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

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EMERGENCY INFORMATION PARENT/GUARDIAN CONTRACT

(To be filled out by parent or guardian)

STUDENT FULL LEGAL NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP TO STUDENT: _____

WORK PHONE: _____ MOBILE PHONE: _____

EMERGENCY CONTACT 1: (IF SAME AS PARENT/GUARDIAN LEAVE "EMERGENCY CONTACT 1 BLANK", FILL OUT EMERGENCY CONTACT 2)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

EMERGENCY CONTACT 2:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PHYSICIAN NAME & ADDRESS: _____

PHONE: _____ MEDICAL COVERAGE: _____

IS YOUR CHILD ELIGIBLE FOR CONTRACT HEALTH CARE COVERAGE FROM INDIAN HEALTH SERVICE (IHS): YES NO

IHS CLINIC NAME, LOCATION, PHONE: _____

DOES YOUR CHILD HAVE ANY PHYSICAL DISABILITIES? (EXPLAIN): _____

DOES YOUR CHILD WEAR GLASSES AND/OR CONTACT LENSES: YES NO

SPECIAL FOOD OR DIETARY RESTRICTIONS: _____

ALLERGIES (HAY, ANIMALS, BITES, STINGS, FOOD, DRINKS, MEDICATION) (EXPLAIN): _____

_____ ASTHMA? _____

HAS YOUR CHILD HAD ANY MAJOR ILLNESSES IN THE PAST 5 YEARS? _____

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION(S)? _____

DOES YOUR CHILD REQUIRE ANY SPECIAL (EMERGENCY) MEDICATION? _____

NEAREST AIRPORT TO YOUR HOME? _____

PLEASE LIST ANY OTHER INFORMATION WHICH YOU FEEL IS IMPORTANT:

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PARENT/GUARDIAN CONTRACT

(To be filled out by parent or guardian)

PARENT/GUARDIAN: I have read, understand and agree with the following terms. Permission is given for my child to participate in all activities and events, and for my child to receive all necessary medical attention should the need arise, with the understanding that I will be contacted immediately. Furthermore:

1. I understand that the Native American Fish & Wildlife Society or the chaperones will not be responsible for any theft, injury, or illness where my child is concerned.
2. I give permission for any chaperone or staff member to render first aid, if necessary.
3. I give my consent and permission for hospital staff to treat my minor child if needed in the case of an emergency, with the understanding that I will be contacted immediately.
4. I understand that the youth will be chaperoned responsibly, and every effort will be made to ensure a safe and enjoyable experience.
5. I understand that drugs or alcohol use are NOT permitted and that if my child is caught under the influence, I will pick him/her up immediately AT MY OWN EXPENSE.
6. I understand that bullying and/or hazing is NOT permitted and that if my child is caught bullying and/or hazing, I will pick him/her up immediately AT MY OWN EXPENSE.
7. I understand that as part of my child's application, the STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____