**Wiidanokindiwag**

**Career Exploration and Healthy Circles**

**AGES:16-24 for Career Exploration, 12-20 for Wiidoo activities participants**

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

**\*\*Limited enrollment for other federally recognized tribal members\*\***

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

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

1. **All career exploration applicants must be 16 years of age by Date application is signed**

**\*\*\* No Exceptions**

1. **All Healthy circles applicants must be 14 years of age by Date application is signed**

**\*\*\*No Exceptions**

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| **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 descendancy \_\_\_\_ 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 (Career Exploration and Support services) \_\_\_\_ School Verification Form** |

**Applications can be submitted in person at the following locations:**

**District 1: Government Center (downstairs)- Coleen Lueck- (320) 532-7579 or Justin Eich (320) 674-0246**

**District 2: AanjiBimaadizing Office- McGregor-Hali Little Cloud (320)-630-1655**

**District 2A: Chiminising Community Center- Rylea Durbin (218) 380-3408 or Jackson Pratt (320) 250-7962**

**District 3: Meshakwad Community Center- Stanley Nayquonabe- (320) 364-3858 or Monica Benjamin (320)-292-9344**

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact**

First Contact

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

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

Second Contact

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

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

**Authorized persons for pick-up of child or to contact if parent cannot be reached and in case of emergency. Children will not be released to people who are not on this list.**

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List persons UNAUTHORIZED for pick-up of the child:

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

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

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

District you live in or by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District you want to work in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please Circle One**

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_ Male or Female

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

**Child Care**

1. Do you have the need for any child care? \_\_\_\_\_\_\_\_\_\_\_\_\_. If yes complete this section- If no skip to the next section
2. Indicate the number of children who will need child care assistance: \_\_\_\_\_\_\_
3. Do any of the children need special assistance: ( ) Yes ( ) No

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

**Education**

1. Are you in high school?\_\_\_\_\_\_\_\_
2. What is the highest educational grade completed? \_\_\_\_\_\_\_\_\_\_\_\_
3. What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 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