



Spokane Tribe of Indians 477 Youth Employment Program



Spokane Site
232 E Lyons Ave., Spokane, WA 99208
Fax 509.533.0699 Ph. 509.533.1360

Wellpinit Site
PO Box 358, Wellpinit, WA 99040
Fax 509.458.8017 Ph. 509.458.8000

JOB ANNOUNCEMENT

TITLE: SUMMER YOUTH EMPLOYMENT
DEPARTMENT: 477-YOUTH EMPLOYMENT PROGRAM
STATUS: TEMPORARY 40 HOURS A WEEK
RATE OF PAY: TBD
OPENING DATE: May 11, 2022
CLOSING DATE: June 10, 2022

Applications submitted after the Closing Date will not be eligible for employment.

The Spokane Tribe of Indians is now accepting applications for the 2022 Summer Youth Employment Program. For youth ranging between the ages of **14 to 19 years of age by the first day of employment and attending an educational program.**

5 Week Session ONLY: July 11, 2022 - August 12, 2022 (200 hrs.)

Eligibility for Employment & Indian Preference:

- Applicants must be a member of a Federally recognized Tribe or a 1st line Descent of a **Federally Recognized Tribe** (excluding Kalispel Tribal Members due to funding restrictions)
- Applicants who are enrolled members of the Colville Tribe and reside within Stevens and Lincoln Counties must be a first-line descendant of another federally recognized tribe (excluding Kalispel) to be eligible for employment
- Applicants must reside in the 477/TANF service area.
- 19 year old applicants must be enrolled/attending an approved educational program
- Must have made satisfactory progress for school year 2021 - 2022
- ALL Applicants are subject to a pre-employment drug test
- Indian Preference as follows: 1.) TANF client 2.) Spokane Tribal Member 3.) 1st line descendent of a Spokane Tribal Member 4.) Member of other Federally Recognized Tribe 5.) 1st line descendent of another Tribe

Please use the attached check list to ensure all required documents are attached to application.

**APPLICATIONS CAN BE PICKED UP AND DROPPED OFF AT THE
WELLPINIT & SPOKANE SITES**

For More Information Contact the above Office Numbers



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DOCUMENTS CHECK LIST

Please use the check list to ensure all required documents are submitted with application on or before June 10, 2022.

<i>NEW APPLICANT REQUIREMENTS</i>	
COMPLETE	REQUIRED DOCUMENT
	Completed Application
	Drug Test Consent Form – <i>(Attached to Application)</i>
	Liability Waiver – <i>(Attached to Application)</i>
	Media/Check Release Consent Form – <i>(Attached to Application)</i>
	Medication Release Form – <i>(Attached to Application)</i>
	Proof of Tribal Enrollment – <i>(Tribal I.D. Card, Certificate of Indian Blood)</i>
	Social Security Card – <i>(Copy or Proof of filing for replacement from Social Security & copy of card when received)</i>
	Verification of Age – <i>(Official Birth Certificate)</i>
	Verification of School Enrollment – <i>(ASB card, enrollment)</i>
	Proof of Residence – <i>(Utility Bill – EX. Avista or telephone bill)</i>
	Verification of Legal Guardianship – <i>(Court Documents or Power of Attorney)</i>
<i>RETURNING APPLICANT REQUIREMENTS</i>	
COMPLETE	REQUIRED DOCUMENT
	Completed Application
	Drug Test Consent Form – <i>(Attached to Application)</i>
	Liability Waiver – <i>(Attached to Application)</i>
	Media/Check Release Consent Form – <i>(Attached to Application)</i>
	Medication Release Form – <i>(Attached to Application)</i>
	Proof of Residence – <i>(Utility Bill – EX. Avista or telephone bill)</i>
	Verification of Legal Guardianship – <i>(Court Documents or Power of Attorney)</i>
	Verification of School Enrollment – <i>(ASB card, enrollment)</i>

Applications submitted after the closing date will not be eligible for employment.



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Application



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LOCATION:	Wellpinit: _____	Spokane: _____
APPLICANT STATUS:	New: _____	Returning: _____

Please print legibly or type. Answer all questions completely. Incomplete applications will not be processed.

YOUTH EMPLOYEE PERSONAL INFORMATION
Verification required refer to Documents Check List

Name as it appears on Social Security Card:

Mailing Address:	Last	First	Middle
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Physical Address:	Address	City	State	Zip
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Cell Phone number:	Address	City	State	Zip
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Email Address:	
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Date of Birth: _____ **Gender:** Male _____ Female _____ **Total # in Household** _____

Social Security Number: _____ **U.S. Citizen:** Yes _____ No _____

Please select one of the following adult shirt sizes: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

PARENT INFORMATION
To be used as Emergency Contact information

Parent/Legal Guardian:

Contact 1

Name	Relationship
Home Phone #: _____	Cell Phone #: _____
Work Phone #: _____	
Email Address: _____	

Contact 2

Name	Relationship
Home Phone #: _____	Cell Phone #: _____
Work Phone #: _____	
Email Address: _____	

TRIBAL AFFILIATION

Verification required refer to Documents Check List

Enrolled Member of a Federally Recognized Tribe: Yes No

Name of Tribe: _____ Enrollment #: _____

1st line descendant: Yes No Parent's Name: _____

Name of Tribe: _____ Parent's Enrollment #: _____

EDUCATION

Verification required refer to Documents Check List

Name of School/College attending:

Address	City	State	Zip
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Phone #: _____ Current Grade Completed: _____

Are you on an Individual Education Plan (IEP) with your school? Yes No

If yes please provide documentation.

PRIOR EMPLOYMENT

Must be completed unless New Applicant

Employer Name:

Address	City	State	Zip
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Position: _____ Dates: _____ to _____

Supervisor: _____ Phone #: _____

Duties:

OTHER INFORMATION

Please complete the following

Do you have a valid Driver's license? Yes No if not, are you 15½ or older? Yes No

Release of Information

The information provided is true and accurate to the best of my knowledge. Should I be employed by the Spokane Tribe, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. I also hereby authorize the Employment & Training department staff to obtain or release information included in this application as it pertains to my eligibility for services, and/or reporting purposes.

Date _____ Applicant Signature _____
(Signature Required)

Date _____ Parent Signature _____
(Required if under 18 years of age)



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DRUG TEST CONSENT FORM

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by the Spokane Tribal 477 Youth Employment Program.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to Spokane Tribal 477 Youth Employment Program and I further authorize the Spokane Tribal 477 Youth Employment Program to disclose the results to my parent(s) and/or guardian(s) and a designated behavioral health program for assessment and treatment.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release the Spokane Tribal 477 Youth Employment Program, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Spokane Tribal 477 Youth Employment Program for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Youth Employee Print Name	Youth Employee Signature	Date
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Parent/Guardian Print Name	Parent/Guardian Signature	Date
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Address	City	State	Zip
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Applicant Home Phone Number (____) _____

Applicant Email Address _____



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LIABILITY WAIVER

I. RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK

In consideration for the utilization of work opportunities including recreational, carpentry, landscaping, and/or similar activities (collectively, "Youth Employment Participation"), provided by the Spokane Tribe of Indians 477 Youth Employment Programs ("Programs"), I, _____ (*name of parent or legal guardian*), on behalf of my child/ward, hereby understand and agree to this Release of Liability, Waiver of Legal Rights and Assumption of Risk (the "Waiver") and to the terms hereof as follows:

1. I acknowledge that Youth Employment Participation consists of program activities involving travel in three dimensions, working in rough terrain and adverse weather conditions. Such activities are subject to mishap and even injury in participants. I understand I may suffer a broken limb, paralysis or fatal injury while participating in the Programs.
[Initial Here _____]
2. I, on behalf of myself, personal representatives and my heirs, hereby **VOLUNTARILY AGREE TO RELEASE AND DISCHARGE THE PROGRAM** and its officers, directors, elected officials, agents, employees, instructors, and owners of equipment (hereinafter collectively referred to as "Released Parties"), from any and all liability, claims, suits, demands, or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the Programs, including, but not limited to, losses **CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTICIPANTS, THE NEGLIGENCE OF THE RELEASED PARTIES, THE NEGLIGENCE OF OTHERS, ACCIDENTS, BREACHES OF CONTRACT, THE FORCES OF NATURE OR OTHER CAUSES.**
[Initial Here _____]
3. I understand and acknowledge that the Programs have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and **I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE PROGRAMS WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.**
[Initial Here _____]
4. I further agree that I, my personal representatives and my heirs, **WILL NOT SUE OR MAKE A CLAIM** against the Released Parties for damages or other losses sustained as a result of my participation in the Programs.
[Initial Here _____]
5. I also agree to **INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS** from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in the Programs.
[Initial Here _____]
6. I expressly assume full responsibility for, and hold the Released Parties harmless for any injury that I may suffer or inflict upon others or their property as a result of my engaging in the Programs.
[Initial Here _____]

7. I agree that I will operate the Programs equipment in a reasonable and safe manner so as not to endanger the lives of persons or property of any individual.
[Initial Here _____]
8. I have read and understood the above and acknowledge that the same constitutes a release of liability and a waiver of my legal rights and also acknowledgment of the assumption of liability by me of all risks arising out of my engaging in the Programs.
[Initial Here _____]
9. I further represent that this Release shall continue in full force and effect for so long as I engage in the Programs which are in any way connected to or with the Released Parties.
[Initial Here _____]
10. I further represent that I am at least 18 years of age, or that as the parent or (adult) legal guardian, I waive and release any and all legal rights that may accrue to me, to my minor child, or to the minor child for whom I am (adult) legal guardian or I may suffer while engaging in the Programs.
[Initial Here _____]
11. I specifically understand and recognize that this Release is a contract pursuant to which I have released any and all claims against the Released Parties resulting from participation in the Programs; including any claims by the negligence of the Released Parties by any of the undersigned.
[Initial Here _____]
12. I agree that, should any claim or action arise from my participation as described herein, including any issue as to the applicability of this Release or any provision within it, proper Jurisdiction and Venue shall only lie with the Spokane Tribal Court and I waive jurisdiction and venue anywhere else.
[Initial Here _____]
13. I further expressly agree that the foregoing Release is intended to be as broad and inclusive as is permitted by the Revised Spokane Law and Order Code and applicable federal or Washington state law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
[Initial Here _____]

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY IT.

Name of Minor Participant (*Please Print*)

Minor Participant DOB

Name of Parent or Legal Guardian (*Please Print*)

Signature of Parent or Legal Guardian

Date

BY THIS SIGNATURE, THE PARENT OR GUARDIAN, ON BEHALF OF THE MINOR PARTICIPANT, RELEASES ANY AND ALL CLAIMS OF THE MINOR PARTICIPANT AND THE PARENT OR GUARDIAN.

Address of Parent or Legal Guardian

Phone Number of Parent or Legal Guardian

Emergency Contact Name & Phone Number

II. COMMITMENT TO PARTICIPATE

I, _____, (*minor participant name*) agree to fully participate in the Youth Employment Activities offered by the Program and assist with any reasonable requests to the best of my ability. I pledge to conduct myself in a respectful manner and will follow the rules of the Program and all reasonable directions from Program volunteers and staff.

Signature of Minor Participant

Date

III. MEDICAL AUTHORIZATION AND LIABILITY RELEASE

I, _____, (*parent or legal guardian name*) am the parent or legal guardian of _____, (*minor participant name*) hereby approve the participation of my child in the Youth Employment Program described in this Liability Waiver. In the event of illness or accident, I give my consent for my child to receive medical attention.

Signature of Parent or Legal Guardian

Date

In the event of illness or accident, I, _____, give my consent to receive medical attention.

Signature of Minor Participant

Date

IV. ADDITIONAL INFORMATION

Please list any additional information you think we need to know about your child:



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MEDIA CONSENT

I hereby authorize the Spokane Tribe of Indians, its Enterprises and Programs, Programs, Privately Owned Businesses including the Tribal TANF/477 Program to use any photographs, video, likeness, characterizations or other resemblance of my child, or biographical data concerning my child, for any and all purposes, with or without my endorsement, including but not limited to advertising and publicity surrounding the Spokane Tribe, its Enterprises, Programs, Interagency Associations/Promotions or other entities or activities produced or promoted by Spokane Tribal 477.

CHECK ONE OF THE BOXES

YES, I agree to use of digital images/voice recordings **NO**, I do not agree to use of digital images/voice recordings

I certify that I have carefully read this document, understand its contents and I sign it freely and voluntarily.

Youth Employee Print Name	Youth Employee Signature	Date
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Parent/Guardian Print Name	Parent/Guardian Signature	Date
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CHECK RELEASE CONSENT

I, _____ hereby authorize all checks payable to me to be released to the following individual(s) to be picked up on the designated paydays:

Name: _____

Name: _____

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF REVOCATION IS ACKNOWLEDGED BY ME. THIS AUTHORIZATION SUPERSEDES ANY PRIOR DATED AUTHORIZATION THAT I MAY HAVE ON FILE.

I certify that I have carefully read this document, understand its contents and I sign it freely and voluntarily.

Youth Employee Print Name	Youth Employee Signature	Date
---------------------------	--------------------------	------

Parent/Guardian Print Name	Parent/Guardian Signature	Date
----------------------------	---------------------------	------



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Child's Name: _____ DOB: ____/____/____

Over The Counter Medicine Release

NON CONSENT
 NO, I do not consent to the providing my child over the counter medicine. _____
Initial _____ Date _____

CONSENT

The following medications may be administered to my child by the designated 477 staff member if needed.

Acetaminophen (Tylenol) YES ___ NO ___
 Given for headaches, muscular aches, fever reduction.

If yes:
 My child has used this before..... YES ___ NO ___
 My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Ibuprofen (Advil, Motrin) YES ___ NO ___
 Pain reliever, anti-inflammatory, fever reduction.

If yes:
 My child has used this before..... YES ___ NO ___
 My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Diphenhydramine (Benadryl) YES ___ NO ___
 Antihistamine, given for bug bites and bee stings.

If yes:
 My child has used this before..... YES ___ NO ___
 My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Anti-itch gel, cream or lotion YES ___ NO ___
 Itch relief for rashes, bug bites.

If yes:
 My child has used this before..... YES ___ NO ___
 My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Upset Stomach / Antidiarrheal YES ___ NO ___
 (GasX, Tums, Pepto Bismol)

If yes:
 My child has used this before..... YES ___ NO ___
 My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Antibiotic Ointment (Neosporin) YES ___ NO ___

If yes:
 My child has used this before..... YES ___ NO ___
 My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Sunscreen

YES ___ NO ___

Insect Repellent

YES ___ NO ___

If yes:

My child has used this before..... YES ___ NO ___

My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

If yes:

My child has used this before..... YES ___ NO ___

My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Cough Syrup or Drops

YES ___ NO ___

Allergies

YES ___ NO ___

Please identify medically determined food and non-food allergies:

If yes:

My child has used this before..... YES ___ NO ___

My child has had a reaction to this medication..... YES ___ NO ___

If yes, please give details of the reaction: _____

Can child manage diet/allergies without supervision?..... YES ___ NO ___

Please add anything we may need to know to help your child have a healthy summer experience:

PARENT/LEGAL GUARDIAN PRINT NAME

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

HOME PHONE

WORK PHONE

CELL PHONE