

2023 Summer Youth Program

Stockbridge-Munsee Education and Career Services

Purpose: Summer Youth is a program developed to build work-ready skills in Tribal Youth. Interested individuals will take part in workshops to prepare them with identifying strengths as well as learning life skills. On-the-job experience provides opportunities to practice self-reliance, responsibility, and gain important employment-skills that will guide them into future careers.

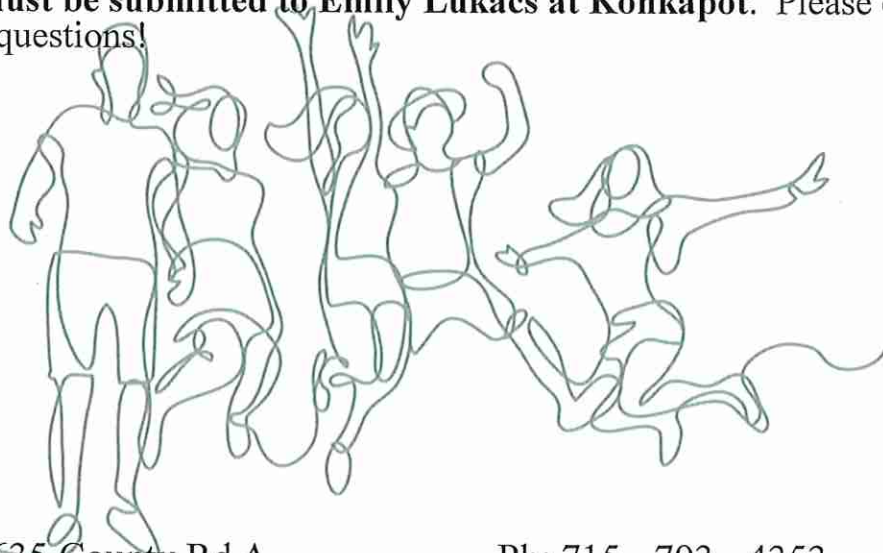
When: Programming begins **June 20th** & ends **August 18th, 2023**

Where: Stockbridge-Munsee Community

Who is Eligible: Enrolled Stockbridge-Munsee youth, ages of 14-18 as of June 15. Direct descendants may participate, pending available space, if their established residency for the 2022-23 school year is within the townships of Bartelme or Red Springs, excluding Middle Village and including Bowler and Gresham.

Applications: can be found at the Tribal Information Center (now located at Konkapot), at Bowler School (see Abby Behnke), at Gresham School (see Nancy Buettner), or online: <https://mohican.com/ecs-applications-forms-policies/>

Deadline: Completed applications must be certified with arrival date and time, and received by **Friday, May 12th at 3:30 PM**. Late applications will not be considered. **Applications must be submitted to Emily Lukacs at Konkapot**. Please call or email with any questions!



W12635 County Rd A
P.O. Box 70
Bowler, WI 54416

Ph: 715 - 793 - 4353
Fax: 715 - 253 - 2436
emily.lukacs@mohican-nsn.gov

Summer Youth Application Checklist

Return to: Education and Career Services, Konkapot - W12635 County Rd A - P.O. Box 70 - Bowler WI 54416

Before turning in your application packet, make sure it is completely filled out and signed.
Applications are due by Friday, May 12th, 2023 at 3:30 p.m. NO LATE EXCEPTIONS.

- _____ Education and Career Services Application
- _____ Summer Youth Agreement
- _____ Parental/Drug Screening permission slip
- _____ Parental/Health Screening permission slip
- _____ Medical Release Form
- _____ Social Security Card (if new to the program)
- _____ Proof of S-M enrollment or direct descendent (if new to the program)
- _____ Copy of your most recent report card, with home address
- _____ Log into student.xello.world website and print out youth's "About Me" information (top tab)
(website: student.xello.world) (Log-in and Password provided by youth's school)



Stockbridge-Munsee Community

Emily Lukacs
Career Advisor
Telephone: (715) 793-4353
Fax: (715) 253-2436

KONKAPOT
PO Box 70
W12635 County Road A
Bowler, WI 54416

March 13, 2023

To: Stockbridge Munsee Youth

The Stockbridge-Munsee Education and Career Services Department is happy to announce the Summer Youth Work Experience Program which will begin on June 20, 2023. We are planning fun workshops that will help with your future career and education goals. You will gain knowledge and skills through this hands-on training program.

If you are interested in participating in the program, please complete the enclosed application, along with ("About Me" information printed from) student.Xello.world website, and a copy of the last report card you received (with your home address) to the Education Office, located at Konkapot Lodge, by **May 12, 2023, at 3:30 p.m. NO LATE EXCEPTIONS.**

Xello is the learning and career planning website used by your school.

For further information, please contact either your teacher, or Emily.

Xello website address: student.xello.world

log-in and password are hosted by you and your school

Printing of the "About Me" page is available at the school, or at the Tribal Information Center/Education Office at the Konkapot.

Please review all applications with your parents/guardians and sign the necessary forms.

I look forward to working with you this summer. Have a great rest of the school year!

If you have any questions at all, please do not hesitate to reach out to me at (715) 793-4353 or by email.

Thank you,

Emily Lukacs

Emily Lukacs
Career Advisor
(715) 793-4353
Emily.lukacs@mohican-nsn.gov



Education and Career Services

Stockbridge-Munsee Community
 P. O. Box 70
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 Bowler Wisconsin 54416
 Phone: 715-793-4353 Fax: 715-253-2436



Education & Career Services Application

APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name	Date of Birth	Social Security Number
Street Address			City	State	Zip Code
Contact Phone		Alternate Contact Phone		Email:	
Check services applying for today: Education: ___ Post-Secondary Training (anything past high school), in accordance with academic development plan and if marked have you applied for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> College/University Attending: _____ ___ Occupational Training ___ Financial Aid, (In Demand Occupation ONLY) Please List: _____ Employment: ___ Work Experience ___ Youth Employment ___ Summer Youth Support Services: ___ Uniform ___ Tools ___ Skills Training ___ Other: _____					

PERSONAL DATA: check and complete all that apply

Tribal Affiliation (If Applicable) Tribal Affiliation: _____ Enrollment #: _____ OR Parent Tribal Affiliation & Enrollment #: _____ Are you a US Citizen? Yes ___ No ___	Marital Dependents Status: ___ Single-No Children ___ Single with Dependent Children ___ Married-No Children ___ Married with Dependent Children ___ Caring for Elders in Home	Are you a U.S. Veteran? Yes ___ No ___ Are you a spouse of a Veteran? Yes ___ No ___ *If no and male, have you registered with selective service? Yes ___ No ___ *If yes, write your Registration # _____
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Employment Status:
 Unemployed Self-Employed Employed (circle one): Full- Time, Part-Time, or Seasonal Other: _____

Education Status: What is the highest degree or level of school you have completed? (If currently enrolled, highest degree received)
 Some High School, No Diploma High School Graduate, Diploma or Equivalent (GED, HSED) Some College Credit, No Degree
 Trade/ Technical/ Vocational Training Associate Degree Bachelor's Degree Master's Degree PhD

CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education and Career Services Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education and Career Services Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education and Career Services Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education, Employment, and Training Program's Handbook

Applicants' Signature	Date	Parent/Guardian Signature (If Applicable)	Date
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Education and Career Services
 Stockbridge-Munsee Community
 P. O. Box 70
 W12635 County Rd A
 Bowler Wisconsin 54416
 Phone: 715-793-4353 Fax: 715-253-2453



SUMMER YOUTH AGREEMENT

I AGREE TO:

- Follow all work rules on my job/worksites site.
- Follow all Summer Youth Program rules and regulations.
 - *Attend the three **mandatory** skills building workshops prior to starting work experience hours.
 - *Must have own ride/transportation to and from workshops and worksites.
 - * **ALL** timesheets **MUST** be signed and turned in by the end of Summer Youth.
 - * S/Y Program BEGINS **Tuesday, June 20th** and ENDS **Friday, August 18th at 4 p.m.**
- Attend work as scheduled.
 - *Call **Immediate Supervisor** and **Emily Lukacs at 715-793-4353** (leave a message if no one answers) if you need to change your schedule, if you are not going to be at work during a scheduled time, or if you must leave your worksite earlier than scheduled.
- Hand in a copy of my work schedule to **Emily Lukacs** by **Friday, June 9th, 2022, no later than 3:00pm.** I understand that if a work schedule is not handed in by this date, I may NOT begin work hours until this is handed in.
- Not use drugs, alcohol or tobacco products.
- Show respect to my elders and others in the workplace.
- Read, understand and follow the Behavior Matrix on the back of this agreement.

AFFIRM

I affirm the agreements above and I also realize that my failure to follow the rules explained to me in my job orientation and training will result in my immediate dismissal from the Summer Youth Program.

Students' Signature	Date
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CERTIFICATION

I agree to support the Summer Youth Program Staff in making my son/daughter's summer a learning experience and will assist my Son/Daughter in making sure they get to work and follow the above set of rules.

Parents' Signature	Date	Career Services Specialist Signature	Date
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Routines 

Expectations 

Respect

Responsibility

Problem Solver

Life Skill Workshop	Worksite	Work time	When finished working	Communication	Attendance
<ul style="list-style-type: none"> -Eyes on the speaker -Keep your voice at zero unless instructed differently -Use appropriate applause -Listen to speaker -Follow directions -Make good choices -Accept consequences -Listen, watch, and learn -Use body basics -All cell phones are to be turned off and put away during a life skill workshop 	<ul style="list-style-type: none"> -Treat all supervisors, co-workers, peers, at worksite appropriately -Follow Dress Code for worksite -Know and follow worksite/summer youth directions, rules, core values, and expectations -Keep hands and feet to self -Stay in assigned areas -Use furniture and supplies appropriately 	<ul style="list-style-type: none"> -Be honest -Be aware of personal space - Ask permission to use things -Work cooperatively -Help others and seek assistance when needed -Make good choices -Do your best -Report problems -Use equipment properly 	<ul style="list-style-type: none"> -Stay at worksite until your supervisor dismisses you. -Thou shall not steal items from the worksite -Inform supervisor when you finished assigned workload, day, or hours -Get Time Sheet signed by supervisor and turn into education office 	<ul style="list-style-type: none"> -Use a reasonable inside voice. -Use appropriate language and behavior with peers and adults -Listen politely -Greet supervisor, co-workers, and peers with a friendly greeting and smile -Respond positively when spoken to -All cell phones are to be turned off and put away while at the worksite -Ask appropriately for assistance if needed 	<ul style="list-style-type: none"> -Be at worksite at scheduled time. -Be ready to participate -Notify supervisor and program if you are going to be late or are sick -Work the entire scheduled time as directed in designated area -Inform supervisor and program if you must leave worksite early -Plan -Prepare -Be ready
<ul style="list-style-type: none"> -Avoid peer issues or negative behaviors -Move away from people making poor choices -Encourage others and show positive sportsmanship 	<ul style="list-style-type: none"> - <u>S</u>top - <u>T</u>hink - <u>O</u>ffer Solution - <u>P</u>ut into Practice 	<ul style="list-style-type: none"> - Focus on your own business -Manage time efficiently -Move away from conflict or distractions 	<ul style="list-style-type: none"> -Return equipment to the appropriate place -Keep work area clean and free of debris 	<ul style="list-style-type: none"> -Ask for help if needed -Be an advocate for your learning/working needs -Inform others of expectations civic responsibility 	



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Summer Youth 2023 Program Drug Screening Process

Notice of Parental Permission

My minor child _____ who has a social security number of _____ - _____ - _____ has my permission to work in the Stockbridge-Munsee Summer Youth Program. I further understand that a pre-employment drug test will be administered by the Stockbridge-Munsee Health Clinic staff. I understand that a negative result on the drug test must be received. If there is any other result, my child will not be selected to participate in the Summer Youth Work Program.

Youth Applicant Signature

Parent Signature

Date

Date



Stockbridge-Munsee Community

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2023 Summer Youth Program Health Screening & Educational Workshop

PARENT PERMISSION FORM

I give permission for my child _____ to participate in the Stockbridge-Munsee Health & Wellness Center's Health Screening & Education held inside the Health Center building.

I understand the Community Health staff will be doing height, weight, blood pressure and blood sugar screenings on my child and that my child's information will remain confidential. The screening requires a finger poke. I am further aware my child will be receiving Diabetes Education, and other health related education while at the Health Center event. I am aware that I have the right to attend this event with my child if I deem necessary.

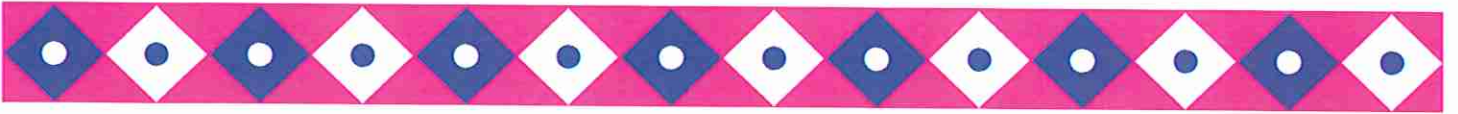
Parent Signature

Date

Please list any Food Allergies your child may have _____.

Lunch will be provided by the Stockbridge-Munsee Health & Wellness Center, and incentive gifts will also be provided to students who participate on that day.

If you want more information regarding the Health screening process, please contact Vera "Judy" Heubel at 715-793-5060.



Stockbridge-Munsee Education Medical Release Form

Youth's Name	Male or Female	Date of Birth	Grade	Today's Date
Address	City	State	Zip Code	
Home Telephone Number	Parent Cell Phone	Child Cell Phone		
Mother's Name	Mom Employer Name - Employer Phone and Mom Home Phone			
Dad's Name	Dad's Employer Name— Employer Phone and Dad Home Phone			
Emergency Phone Contact Number#1 -	relationship to youth	Work Phone	Home Phone	
Emergency Phone Contact Number #2 -	relationship to youth	Work Phone	Home Phone	
Is any other person authorized to pick up youth? _____				
Child's Doctor Name and phone number: _____				
Are there special requirements legal or otherwise that you would like to inform staff of: _____ _____				
Any medical or health concerns we need to be aware of? (example, diabetes, allergies, etc.) _____				
Parental Consent: In the event of sudden illness or injury, permission is granted to obtain appropriate medical care. I do not hold the Stockbridge-Munsee Community or Stockbridge-Munsee (S/M) Education and Career Services responsible for any injuries that may occur to my child while participating in the program. I also give the S/M Education and Career Services staff and designated chaperone permission to act in loco parentis to seek medical attention if needed by my child as the result of participating in the program. I also request that I be notified as soon as possible if my child becomes injured or ill. My child understands and agrees to obey all S/M Education and Career Services rules and model safe admirable behavior.				
Parent Signature: _____			Date: _____	
Parental Information: I understand this form is good for one school year, if there are no medical changes for my child. Please let us know about changes in addresses, phone numbers, contact person, etc. In case of an emergency, we want to be able to reach the proper person quickly and we cannot do so if the information on this form is outdated. By signing this form, I understand this is permission for my child to participate in field trips. Details and individual field trip permission slips will be given to me in advance of each outing. S/M Education activities and events are often photographed for promotional purposes. Please inform photographer if you do not wish to be photographed.				