



# Stockbridge-Munsee Community

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Career Advisor  
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KONKAPOT  
PO Box 70  
W12635 County Road A, Room 107  
Bowler, WI 54416

March 5, 2025

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 16, 2025. We are planning fun events that will help with your future career, health screenings, financial literacy and culture. 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 and return a copy of the last report card you received with your home address to the Education Office, located at Konkapot Lodge, by **May 9, 2025, at 3:30 p.m.** No Late Exceptions.

Please review application packet 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 question, please do not hesitate to reach out to me at 715-793-4353 or by email.

Anushiik/Oneewe/Thank You,

*Diane M. Burr*

**Stockbridge-Munsee Education and Career Services**  
diane.burr@mohican-nsn.gov

# 2025 Summer Youth Application Checklist



*The Summer Youth Program will be held June 16th-August 15th!*

Before turning in your application packet, make sure it is completely filled out and signed.

Applications are due by Friday, May 9th, 2025 at 3:30 p.m.  
NO LATE EXCEPTIONS.

- \_\_\_\_\_ Education and Career Services Application
- \_\_\_\_\_ Summer Youth Agreement
- \_\_\_\_\_ Parental/Drug Screening permission slip
- \_\_\_\_\_ Parental acknowledgement permission slip  
Orientation on Tuesday, June 17, 2025 from 8:00 am-2:00 pm
- \_\_\_\_\_ 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



# 2025 Summer Youth Stockbridge-Munsee Education and Career Services



*The Summer Youth Program will be held June 16th-August 15th!*

Summer youth is a short-term program that includes skill building workshops and work experience components for Stockbridge-Munsee youth.

## Eligible:

Enrolled Stockbridge-Munsee youth between the ages 14-18 as of June 16, 2025. Non-enrolled children of Stockbridge-Munsee tribal members may participate on a space-available basis to be chosen by lottery. This includes biological children, adopted children, step-children, or children under the legal guardianship of a tribal member.

## Applications available

Konkapot Resource Center  
Bowler School (see Abbey Bahnke)  
Gresham School (see Nancy Buettner)

<https://mohican.com/services/education-and-career-services/careers-applications-forms-policies/>

## DEADLINE

Completed applications must be stamped with arrival date and time, as received by Friday, May 9th at 3:30pm. Late applications will not be considered. Applications must be submitted to Diane Burr at Konkapot. Please call 715-793-4353 or email [diane.burr@mohican-nsn.gov](mailto:diane.burr@mohican-nsn.gov) with any questions.





**Education and Career Services**  
 Stockbridge-Munsee Community  
 P. O. Box 70  
 W12635 County Road A  
 Bowler Wisconsin 54416

Phone: 715-793-4100/793-4353 Fax: 715-253-2436



## Education and Career Services Application

### APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name	Date of Birth
Street Address		City	State	Zip Code
Contact Phone	Alternate Contact Phone		Email:	
<b>Check services applying for today:</b>				
<b>Education:</b> ___ 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"/> <b>College/University Attending:</b> _____				
<b>Employment:</b> ___ Work Experience   ___ Youth Employment   ___ Summer Youth				
<b>Support Services:</b> ___ Uniform ___ Tools ___ Skills Training Other: _____				

### PERSONAL DATA: check and complete all that apply

<b>Tribal Affiliation (If Applicable)</b> Tribal Affiliation: _____ Enrollment #: _____ <b>OR</b> Parent Tribal Affiliation & Enrollment #: _____	<b>Marital Dependents Status:</b> ___ Single-No Children ___ Single with Dependent Children ___ Married-No Children ___ Married with Dependent Children ___ Caring for Elders in Home	<b>Are you a U.S. Veteran?</b> Yes ___ No ___ <b>Are you a spouse of a Veteran?</b> Yes ___ No ___ *If no and male, have you registered with selective service? Yes ___ No ___ *If yes, write your Registration # _____
<b>Are you a US Citizen?</b> Yes ___ No ___	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	

**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 and Career Services Program's Handbook

Applicant's Signature	Date	Parent/Guardian Signature (If Applicable)	Date
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**Education and Career Services**

Stockbridge-Munsee Community

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W12635 County Rd A

Bowler Wisconsin 54416

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<https://www.mohican.com/education-and-career-services/>



**SUMMER YOUTH AGREEMENT**

**I AGREE TO:**

\_\_\_ Follow all work rules on my job site.

\_\_\_ Follow all Summer Youth Program rules and regulations.

\*Attend the three **mandatory** skill 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 **Monday June 16<sup>th</sup>, 2025** and ENDS **Friday, August 15<sup>st</sup>, 2025 at 4 p.m.**

\_\_\_ Attend work as scheduled.

\*Call **Immediate Supervisor** and **Diane Burr 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 **Diane Burr** by **Friday, June 13<sup>th</sup>, 2025 by 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 and Positive Behavior Intervention and Support (PBIS) Brochure included in my orientation packet.

**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



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



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## Summer Youth 2025 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 Occupational Health 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

### 2025 Summer Youth Program Orientation & Educational Workshops PARENT PERMISSION FORM

I give permission for my child \_\_\_\_\_ to participate in the Stockbridge-Munsee Mandatory Orientation **June 17, 2025 from 8:00am-2:00pm.**

- Community Health: 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.
- CoVantage Credit Union will be here to offer bank account information.
- Confidentiality, Social Media, and Harassment presented by SM Training Dept
- Finance Department information on W9 forms and direct deposit
- Language Department with a hands-on cultural activity

\_\_\_\_\_  
Youth Applicant Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please list any Food Allergies your child may have \_\_\_\_\_

# 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 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.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_