



Stockbridge-Munsee Community

Diane Burr, BS
Career Advisor
Telephone: (715) 793-4353
Fax: (715) 253-2436

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

March 1, 2026

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 8, 2026, 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 questions, please do not hesitate to reach out 715-793-4353 or by email.

Anushiik/Oneewe/Thank You,

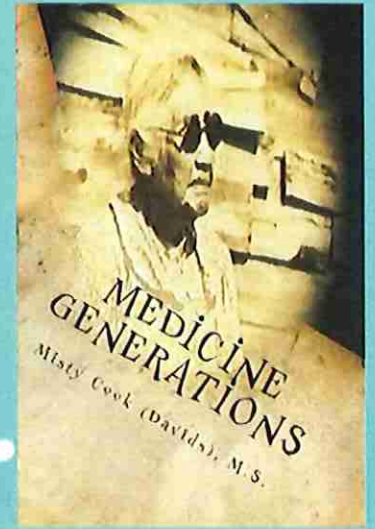
Diane M. Burr

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

Casino Career Exploration



Medicine Gathering with Misty Cook



Register for Summer Youth

by May 8th at 3:00pm

Community Health Screenings

- weight
- height
- blood sugar
- blood pressure



Art Therapy with Rainer Posselt





Education and Career Services

Stockbridge-Munsee Community

P. O. Box 70

W12635 County Road A

Bowler Wisconsin 54416

Phone: 715-793-4353 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:	
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: _____ 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 ___ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	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 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

P. O. Box 70

W12635 County Rd A

Bowler Wisconsin 54416

Phone: 715-793-4353 Fax: 715-253-2453

<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 15th, 2026** and ENDS **Friday, August 14th, 2026 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 13th, 2026 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
<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
<h2>Respect</h2>	<h2>Responsibility</h2>	<h2>Problem Solver</h2>	<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 of civility 	<ul style="list-style-type: none"> -Focus on your own business -Manage time efficiently -Move away from conflict or distractions

Summer Youth 2026 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

Orientation & Educational Workshops PARENT PERMISSION FORM

I give permission for my child _____ to participate in the Stockbridge-
Munsee Mandatory Orientation.

June 9th from 10:00am-2:30pm at SMHWC

- Casino Career Exploration
- Confidentiality and Social-Media presented by Stockbridge-Munsee Training Department
- Tobacco is Sacred

10 minute drop in - June 10th to Konkapot between 10:00am-2:00pm for:

- Drug screening

June 11th from 10:00am-2:00pm at North Star Casino.

- 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.
- Medicine Gathering with Misty Cook
- Art Therapy with Rainer Posselt

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.

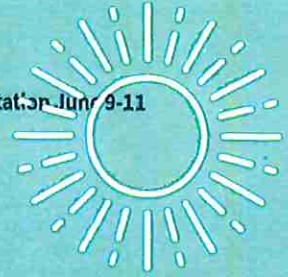
Parent Signature: _____ **Date:** _____

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:** _____

June 15 - August 14  2026 Summer Youth  Application Checklist

- _____ Education and Career Services Application
- _____ Summer Youth Agreement
- _____ Drug Screening permission slip & Parental permission slip mandatory orientation June 9-11
- _____ Medical Release Form
- _____ Social Security Number verification
- _____ Proof of Stockbridge-Munsee enrollment or direct descendant
- _____ Copy of your most recent report card with home address



Return completed application packet to:
Education and Career Services, Konkapot -
W12635 County Rd A - P.O. Box 70 - Bowler WI 54416
Applications are due by Friday, May 8th, 2026 at 3:00 p.m.
NO LATE EXCEPTIONS.