



Bristol Bay Native Association - Workforce Development

P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-6283

Fax 907-842-2338 • www.bbna.com

YOUTH EMPLOYMENT ADDENDUM

Due to health and safety concerns of COVID-19 There will only be one (1) Youth Employment Session this year.

Session 1: August 3, 2020 - August 28, 2020

*****APPLICATION DEADLINE: July 15, 2020***

*Late Applications will not be Accepted and Only **complete applications** will be considered contingent upon available funds*

Thank you for your interest in BBNA's Youth Employment Program. **This program is available for youth between the ages of 14-24.** The program is designed to help youth gain valuable work skills that will lead them to additional employment opportunities.

Due to the COVID-19 Pandemic this year the Youth Employment Program will look a little bit different. Youth accepted into the program will not be placed into a work site, however youth will be mailed 4 weekly packets geared towards employment related lessons. Each packet needs to be completed and will be graded. Youth achieving at least a 70% will receive a benefit payment of \$250.00 per weekly packet. Youth can earn up to \$1000 for completing the entire session.

Youth ages 17 & younger need parent/guardian signatures on forms. Please review these forms with your child(ren) before submitting to BBNA. **(Ensure that all forms are completed, signed and dated.)** Use the checklists below to help you complete your application. Late or incomplete applications will not be accepted.

YOUTH APPLICATION REQUIREMENTS:

- Complete BBNA Workforce Development Central Intake (2 Pages)
- Copy of Tribal Enrollment Card
- Copy of Driver's License or State ID
- Completed W-9 form (attached with Central Intake)
- Household Income (Copy of Recent Paystubs or Previous Years Tax Return)

Upon determination of eligibility BBNA Caseworker will be in contact with Youth to inform them of eligibility determination. If eligible, BBNA Caseworker will mail first two weeks of packets to complete along with a welcome letter.

Questions about the program/applications please contact BBNA Workforce Development at (907) 842-2262 or toll free at 1-888-285-2262.

3 WAYS TO TURN IN YOUR APPLICATION

Mail COMPLETE Applications to:

BBNA WFD Youth Employment Program
PO Box 310
Dillingham, Alaska 99576

Fax COMPLETE Applications to:

(907) 842-3498

OR

By email to: betty.tretikoff@bbna.com

Bristol Bay Native Association Workforce Development

Today's Date _____

Mailing Address: P.O. Box 310 Dillingham, AK 99576 Phone: (907) 842-6283 Fax: (907) 842-2338

Applicant's Central Intake and Short Employability Development Plan

Name: _____ Current Age _____
 (First) (Middle) (Last) (Also Known As - or Maiden name)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: Male Female

Present Mailing Address: _____
 (P.O. Box) (City) (State) (Zip Code)

Present Physical Address: _____
 (Street Address) (City) (State) (Zip Code)

Home Phone: (____) _____ - _____ Work / Cell Phone: (____) _____ - _____ Email Address: _____

Tribally enrolled at (please circle or indicate "other");

Aleknagik, Chignik Bay, Chignik Lagoon, Chignik Lake, Clarks Point, Dillingham, Egegik, Ekuk, Ekwok, Igiugig, Iliamna, Ivanof Bay, Kanatak, King Salmon, Kokhanok, Koliganek, Levelock, Manokotak, Naknek, New Stuyahok, Newhalen, Nondalton, Pedro Bay, Perryville, Pilot Point, Port Heiden, Portage Creek, South Naknek, Togiak, Twin Hills, Ugashik or Other _____

Marital Status: Single Single and living with significant other Married Separated Divorce Widowed

Family Status: Single Individual One Parent Family Two Parent Family Number dependents under 18 _____

Veteran? No Yes - Date of Discharge: ____/____/____ **Registered with Selective Service?** Yes No

Educational Status: High School Diploma - Year Graduated: ____ GED - Year obtained ____ OR Highest Grade Completed: ____

College/Vocational Graduate - Type of Degree: AA/AAS BA/BS MA/MS Other: _____ Year _____

Some BBNA WFD programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** Yes No

Applicant Ethnicity	Applicant Primary Goal (check one)	Applicant Secondary Goal (check one)
(check one) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enter postsecondary Education or Job Training <input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a H.S. Diploma, GED or college degree <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Obtain Child Care Assistance <input type="checkbox"/> Obtain Alaska Driver's License <input type="checkbox"/> Other: _____ I expect to meet this goal by: _____ / ____ / ____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a GED or Secondary School Diploma <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Obtain United States Citizenship Skills <input type="checkbox"/> Increase involvement in child's education <input type="checkbox"/> Increase involvement in child's literacy <input type="checkbox"/> Increase involvement in community activities <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: _____ / ____ / ____

Applicant Primary Status	Applicant Secondary Status	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed _____ <input type="checkbox"/> Collecting unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance (food stamps, general assistance, ATAP) <input type="checkbox"/> Living in a Rural Area	(Check All That Apply -optional) <input type="checkbox"/> Low Income <input type="checkbox"/> Homemaker <input type="checkbox"/> Pregnant <input type="checkbox"/> Single Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled Adult <input type="checkbox"/> Homeless <input type="checkbox"/> No Transportation <input type="checkbox"/> None of the above	(Check All That Apply) <input type="checkbox"/> In Correctional Facilities Release date _____ <input type="checkbox"/> Offender on Probation until _____ <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> On Third Party Custody Release Date _____ <input type="checkbox"/> In Specialized Treatment: (Substance Abuse, Behavioral Health, API etc.) release date _____ <input type="checkbox"/> None of the above

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Applicant Employer Name: _____ Phone # _____

Do you own home or rent? _____ Landlord Name: _____ Phone # _____

I hereby certify that all information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds to denial of services and may lead to prosecution, fines and imprisonment Signed: _____ Date: _____

FOR OFFICE USE ONLY Date Received: _____ Date Entered: _____ Initials: _____ Consumer #: _____