Application Packet for
Yuut Elitnaurviat Program Services

Workforce Development Division programs are available to eligible enrolled members of federally recognized tribes for Yuut Elitnaurviat Program Services.

Fax, Email or Mail your application

AVCP Workforce Development Division
P.O. Box 219
Bethel, AK 99559

DIVISION OFFICE MANAGER
Darline Kiunya
dkiunya@avcp.org
1-(907)-543-7432 DIRECT
1-(907)-543-4261 FAX

Application Requirements

☐ Application - Complete
☐ Written Statement
☐ Individual Development Plan (IDP)
☐ Military Selective Service – Men ages 18-25 must provide proof of filing

Program Documents:

Yuut Elitnaurviat Trainings

Submit the following
☐ Copy of Tribal ID or Tribal Enrollment Letter
☐ Copy of High School or GED Diploma
☐ Income: Copies of last six (6) month paystubs-No income tax forms

Yuut Elitnaurviat GED

Submit the following
☐ Copy of Tribal ID or Tribal Enrollment Letter
AN ADDENDUM TO RESOLUTION 96-10-13 ESTABLISHING A POLICY OF SOBER AND RESPONSIBLE REPRESENTATION FOR AREA VILLAGES

WHEREAS: The Association of Village Council Presidents, Inc. (AVCP, Inc.) is the regional non-profit organization representing its 56 member indigenous Native villages within western Alaska and supports the endeavors of its member villages; and

WHEREAS: AVCP, Inc. recognizes the critical effect that alcohol abuse is having on our survival as native people; and

WHEREAS: AVCP, Inc. at its Twenty-Seventh Annual Convention made a declaration of war against alcohol and drugs by adopting Resolution #91-28; and

WHEREAS: AVCP, Inc. supports the efforts of YKHC in their "Take Pride In Sobriety" campaign; and

WHEREAS: The time has come for us to demand strong, sober leadership to provide positive role models for our children and constituents;

NOW THEREFORE BE IT RESOLVED that the delegates of the 32nd Annual Convention have determined to address the issue of reprimanding staff, delegates, Board Members and any other individuals sponsored by AVCP, Inc. funds to attend regional, state and federal meetings, or educational institutions and who do not fulfill their responsibilities due to the abuse of Alcohol. The following sanctions may be imposed for just cause, which may include but not limited to the following:

1. Full reimbursement of travel and per-diem costs to AVCP, Inc.
2. A letter to be sent to appropriate entities advising them of the circumstances and actions.
3. In the case of a Board Member or staff member abusing alcohol when representing AVCP, Inc. the first violation will result in removal or termination unless the individual enters a substance abuse treatment program, a written reprimand and reimbursement of travel expenses. The second violation will result in removal or termination.
4. In the case of individuals who are not employed by AVCP, Inc., but are funded by AVCP, Inc. to attend meetings or conferences, a second violation will result in the individuals being "black listed" from representing AVCP, Inc until they can exhibit responsible and accountable behavior. For clients, a first violation will result in not funding assistance until proof of substance abuse treatment and one year of sobriety is shown.

ADOPTED by the Association of Village Council Presidents, Inc. at its Thirty-Second Annual Convention in Emmonak, Alaska on October 10, 1996, with a duly constituted quorum of delegates.

Glenn Fredericks, Chairman of the Board

Myrene Hansen, President
WORKFORCE DEVELOPMENT DIVISION APPLICATION

☐ Yuut Elitnaurviat Training  ☐ Yuut ABE GED Application
Training Information: ____________________________

PART 1. PERSONAL INFORMATION

Name:                                           SSN:
Mailing Address:                                 
Physical Address:                                
City/State:                                      Zip:
Gender: ☐ Male ☐ Female                        Date of Birth:
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Phone No:                                       Email:

How long at this residence? ____________ Years ____________ Months

Are you enrolled to a Federally Recognized Tribe? ☐ Yes ☐ No
If yes, which Tribe: ___________________________ Enrollment #: __________________

Are you a Veteran? ☐ Yes ☐ No

Males age 18 to 25, your Selective Service Number: ____________________________

Do you receive? ☐ TANF ☐ Food Stamps/Public Assistance ☐ General Assistance

Emergency Contact Information
List person(s) to contact in case of an emergency:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone No.</th>
<th>Relationship</th>
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Check off any barriers or needs listed below:

☐ Reading skills below 7th grade level  ☐ Math skills below 7th grade level  ☐ Employed with low income  ☐ High School Dropout
☐ Learning Materials  ☐ Limited English  ☐ In Treatment  ☐ No GED
☐ Lack work history  ☐ Unemployed  ☐ Lack Housing  ☐ Substance Abuse
☐ Any Disability  ☐ Need Clothing  ☐ Homeless  ☐ Sex Offender
☐ Single Parent  ☐ Child Care  ☐ Pregnant  ☐ Family Problems
☐ No Transportation  ☐ No Driver’s License  ☐ Under 24 Years Old  ☐ Need Funding
☐ Other: ___________________
**WRITTEN STATEMENT**

The main purpose of our programs is for eligible tribal members to gain needed skills for finding and/or securing employment. Our goal is to help you to become self-sufficient through provided education and training programs and assistance.

Write an essay describing how your application for training or GED will lead you to your desired employment. Be specific to include information that will help AVCP better assist you.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Individual Development Plan

**Career Goals/Motivation**

What are your employment or career goals?
1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

How do you plan to make your dreams a reality?
1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

**Talents or Strengths**

What are your talents & strengths?
1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

**Development opportunities**

What knowledge or skills do you need to learn?
1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

**Focus IDP Objectives and Action Steps**

What development goals do you have for the next 12 months?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

The next 3 to 5 years? What can you do to achieve this or these goals?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
APPLICATION

I certify that all information and documentation in this application is true and correct. I understand this application does not commit AVCP to award a scholarship or services requested. All decisions made by AVCP are final. I understand LATE and INCOMPLETE applications may not be reviewed, additional materials will be discarded, and submitted materials become the sole property of AVCP and cannot be returned.

CONFIDENTIALITY/PRIVACY

AVCP is committed to protecting the privacy and confidentiality of all individuals who fill out this application or participate in any training or GED program offered by AVCP. When an application is submitted to AVCP for training/education the TWD collects certain personally identifiable information such as names, social or tribal enrollment numbers, e-mail addresses, mailing addresses in order to provide the best service to you. This information is for application and processing in order to provide you with the most suitable services only and will not be distributed to anyone outside of AVCP without your consent.

FUNDING

If awarded funding for any other services other than what is listed above the funds shall be used in accordance to the agreed upon terms as described in our policy and procedures for specific programs offered.

I have read and understand the “Agreement” and if approved, agree to abide by the terms and conditions of the scholarship or funding.

_______________________________  ___________________________________  __________
PRINT NAME                                                           SIGNATURE
DATE

__________________________________  _______________________________________
PRINT NAME PARENT / GUARDIAN if under 18         SIGNATURE
DATE

ASSIGNMENT OF RIGHTS/WAIVER OF LIABILITY
OPTIONAL

I, the undersigned, have the authority to hereby grant AVCP the right and permission to use, at AVCP’s discretion, photographs and images of me, as well as my biographical information disclosed to AVCP by me for promotional and/or informational purposes. I understand that no monetary or other compensation will be offered to me in exchange for these rights and permissions. Usage encompasses, but is no limited to, newsletters, printed publications and other collateral, internet and websites, advertising, video and/or audio presentations. I forever release, discharge, and agree to hold AVCP and its affiliates, officers, directors, employees, and agents harmless from any liability by virtue of any use whatsoever of said photographs, images or biological information.

_______________________________  ___________________________________  __________
PRINT NAME                                                           SIGNATURE
DATE

___________________________________  __________
PRINT NAME PARENT / LEGAL GUARDIAN if under 18        SIGNATURE
DATE