

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

Raymond Watson, Chairperson | Vivian Korhuis, CEO | AVCP.org



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

AVCP

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
P.O. BOX 219 • BETHEL, ALASKA 99569 • PHONE 543-3521

THIRTY-SECOND ANNUAL CONVENTION
EMMONAK, ALASKA OCTOBER 8-10, 1996

RESOLUTION 96-10-13

AN ADDENDUM TO RESOLUTION #91-28 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

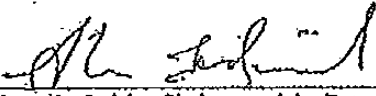
WHEREAS: AVCP, Inc. supports the efforts of YKHC in their "Take Pride in Sobriety" campaign; and

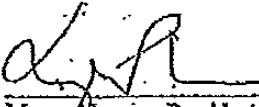
WHEREAS: The time has come for us to demand strong, sober leadership to provide positive role models for our children and constituents;

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 proof 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. meeting in 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


Myron Maneng, President

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WORKFORCE DEVELOPMENT DIVISION APPLICATION

- Yuut Elitnaurviat Training Training Information: _____ Yuut ABE GED Application (Provide Copy of Tribal ID)

PART 1. PERSONAL INFORMATION

Name:		SSN:
Mailing Address:		
Physical Address:		
City/State:		Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> 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 #: _____

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

Are you currently employed? Yes (must provide 6-month paystub copies) No

Are you a Veteran? Yes No

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

Emergency Contact Information

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

Name	Address	Telephone No.	Relationship

Check off any barriers or needs listed below:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Reading skills below 7 th grade level | <input type="checkbox"/> Math skills below 7 th grade level | <input type="checkbox"/> Employed with low income | <input type="checkbox"/> High School Dropout |
| <input type="checkbox"/> Learning Materials | <input type="checkbox"/> Limited English | <input type="checkbox"/> In Treatment | <input type="checkbox"/> No GED |
| <input type="checkbox"/> Lack work history | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Lack Housing | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Any Disability | <input type="checkbox"/> Need Clothing | <input type="checkbox"/> Homeless | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Child Care | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> No Transportation | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Under 24 Years Old | <input type="checkbox"/> Need Funding |
| | | | <input type="checkbox"/> 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?

AGREEMENT

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