



Lakota YouthStay

Exploring and Expanding Horizons

Youth Application

APPLICATION TIMELINE

February 3 – APPLICATION DEADLINE

February 24 – Preliminary review and selection

March 17 – Advisory team endorsement and reference checks

April 14 – Final selection of YouthStay participants

ELIGIBILITY REQUIREMENTS

- reside on Pine Ridge Reservation;
- are an enrolled member of the Oglala Sioux tribe;
- are 10 – 15 years old at the time of the 2019 trip;
- are physically and mentally healthy;
- able to adapt to a different environment for a week;
- are open to having new experiences and exploring new places;
- would like to spend time with native and non-native youth and adults in another part of the country

GENERAL INFORMATION AND INSTRUCTIONS

The Lakota YouthStay Program provides an opportunity for youth people from the Pine Ridge Reservation to stay with hosts in the greater Boston area. Hosts may include families, couples or individuals who have been carefully reviewed prior to selection. There is no cost for Lakota participants or their families other than minor incidentals including snacks, souvenirs and an occasional meal. A full medical check-up within the last year is required prior to final acceptance in the program. In addition, a letter of good health from a physician or NP, dated within 2 weeks of departure, will be required of all final YouthStay participants.

The Lakota YouthStay week is July 9 – July 18, 2019.

Read all directions carefully before completing the application. If you are accepted into the YouthStay program, this application will be sent to the hosts and will serve as your introduction to them.

Each application will be reviewed by the YouthStay staff and members of the Advisory Team. Once initial selections are made, references will be contacted. Once final selections are made, we will contact you and your family to talk with you about the program and answer any questions that you might have.

PRIVACY PROTECTION

Your information will be used only for official YouthStay business. It will not be sold or shared with other third parties unless required by law.

STATEMENT OF CONDUCT FOR WORKING WITH YOUTH

The Lakota YouthStay Program strives to create and maintain a safe and healthy environment for all youth who participate in the program. All volunteers, Advisory Team members and hosts are required to provide high quality care for the youth and to protect them at all times from any physical, sexual or emotional harm.

2. Applicant Information

Full Legal Name

First:

Middle:

Last:

Name You Prefer to be Called:

Gender

Male

Female

Date of Birth: **Month** **Day** **Year**

Place of Birth:

City:

State:

Home Address:

Street Address:

City:

State:

ZIP Code:

Email:

Confirm Email:

Home Phone:

Cell Phone:

Name of School:

What grade are you currently in?

3. Parent/Guardian Information

Full Legal Name

First:

Middle:

Last:

Relationship to Youth:

Home Address

Address:

City:

State:

ZIP Code:

Parent/Guardian Information

Full Legal Name

First:

Middle:

Last:

Relationship to Youth:

Home Address

Address:

City:

State:

ZIP Code

Please list other family members that live with you and your relationship with them

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Check here if your parents are divorced, separated, or unknown.

Authorizations must be obtained from all parents/legal guardians and other who have legal rights to decisions affecting the young person's participation in this program.

4. Personal Background

Do you have any special requirements regarding religious/spiritual observance? If so, please provide details.

Are you able to swim independently?

Yes

No

What do you like to do in your free time?

What interests, activities, clubs or hobbies do you participate in now?

Do you have any special restrictions that would prevent you from participating in a variety of indoor and outdoor activities?

What interests, activities or hobbies would you like to explore while participating in the YouthStay program?

- | | | |
|--|---|---|
| ▪ <input type="checkbox"/> Outdoor Activities | ▪ <input type="checkbox"/> Sports as a participant | ▪ <input type="checkbox"/> Movies |
| ▪ <input type="checkbox"/> Hiking | ▪ <input type="checkbox"/> Sports as a spectator | ▪ <input type="checkbox"/> Cooking |
| ▪ <input type="checkbox"/> Biking | ▪ <input type="checkbox"/> Visiting art museums | ▪ <input type="checkbox"/> Animals |
| ▪ <input type="checkbox"/> Nature Walks | ▪ <input type="checkbox"/> Visiting Indian
Museums | ▪ <input type="checkbox"/> Music as a participant |
| ▪ <input type="checkbox"/> Camping | ▪ <input type="checkbox"/> Day Trip to Native
American Summer Camp | ▪ <input type="checkbox"/> Music as a spectator |
| ▪ <input type="checkbox"/> Swimming | ▪ <input type="checkbox"/> Aquarium | ▪ <input type="checkbox"/> Arts and Crafts |
| ▪ <input type="checkbox"/> Go to the beach/ocean | ▪ <input type="checkbox"/> Theater | ▪ <input type="checkbox"/> Dancing |
| ▪ <input type="checkbox"/> Whale Watch | | ▪ <input type="checkbox"/> Ice Cream Making |

- Gardening/Farming
- Photography
- Art (painting, sculpture)
- Tour colleges & universities
- Attend local pow wow
- Other

What are 3 goals you would like to accomplish during the YouthStay week?

- 1.
- 2.
- 3.

How did you hear about the Lakota Youthstay Program?

- Word of mouth
- Brochure
- Online
- Past YouthStay Participant
- Other

Are you an enrolled member of the Oglala Sioux tribe?

- Yes
- No

If you are not a member of the Oglala Lakota tribe, please note your tribal enrollment:

5. Health Information

Do you have any significant medical/dental/mental health conditions? If so, please explain fully.

Have you been treated for any medical/mental health conditions in the past two years? If so, please explain fully.

Have you taken any prescribed medications in the past six months? If so, please provide full detail.

Do you have any food allergies/sensitivities?

Please describe your food preferences.

Do you have any special health requirements (allergies, disabilities, etc.)? If so, please explain fully.

Please note: A full medical check-up within the last year is required prior to final acceptance in the program. In addition, a letter of good health from a physician or NP, dated within 3 weeks of departure, will be required of all final YouthStay participants. **I understand my child/grandchild may not be permitted to participate in the YouthStay program unless this information is submitted prior to the departure date.**

6. References

Two written references are required and must accompany your Lakota YouthStay application.

1. Your first reference must be from a current or former teacher familiar with you and your school activities.
2. Your second reference must be from an adult not related to you who knows you well and can speak to your character and involvement in your community

School Reference #1

Name:

First:

Last:

How long has s/he known you?

School:

Address:

City:

State:

ZIP Code:

Email:

Best phone number to reach if needed:

Best time to call:

Community Reference #2

Name

First:

Last:

How long has s/he known you?

Address:

City:

State:

ZIP Code:

Email:

Best phone number to reach if needed:

Best time to call:

Please include reference letters with your application

7. Behavior Covenant

If you are selected as a YouthStay program participant, you must agree to the following rules and conditions. Violation of any of these rules may result in dismissal from the program and immediate return home at your own expense.

Rules and Conditions:

1. Costs associated with the YouthStay visit including ground transportation to and from the airports, airfare, meals provided by hosts during the stay from arrival to departure and the cost of all group activities are covered by the program.
2. Purchase of minor incidentals such as souvenirs, snacks, gifts, occasional meal out, etc. are the sole responsibility of the youth participant unless freely offered by the hosts or other YouthStay staff.
3. You must obey the laws of the country/state/county/city. If found guilty of violating any law, you may be required to return home at your own expense.
4. You will be under the program's supervision and the host's guardianship while participating in the YouthStay program and must abide by the conditions of the household and program.
5. No smoking, drinking of alcohol or use of illegal drugs is allowed. Medicine prescribed to you by a physician is allowed and must be accompanied by a physician's note referencing the dosage and schedule for use.
6. You agree to attend and participate in a minimum of 3 pre-trip YouthStay get-togethers as well as the post-trip get-together. Youth that do not attend a minimum of 3 pre-trip get-togethers may be disqualified from participating in the program and can re-apply the following year.
7. You agree to follow travel arrangements established by the YouthStay program with no deviations.
8. If selected as a YouthStay participant, you agree to communicate by email, phone and/or letter with your hosts and LYS staff prior to the visit. The host's information will be provided to you prior to your departure for the visit.
9. You agree to forego use of cell phones during the YouthStay week except during times designated by YouthStay leaders.
10. You agree to use the buddy system and adhere to YouthStay leader instructions while traveling and participating as a YouthStay participant.

If selected as a participant in the Lakota YouthStay program, I hereby agree to abide by the Rules and Conditions as stated above and will do my best to contribute to a successful YouthStay visit.

8. Signature

Applicant's Full Legal name

First:

Middle:

Last:

Applicant's Signature:

Date Signed:

Parent/Guardian's Name

First:

Last:

Parent/Guardian's Signature:

Date Signed:

Address:

City:

State:

ZIP / Postal Code:

Parent/Guardian's Name

First:

Last:

Parent/Guardian's Signature:

Date Signed:

Address:

City:

State:

ZIP / Postal Code: