



Sun'aq Tribe of Kodiak Johnson O'Malley Youth Program Application

The Johnson O'Malley Youth service program is focused on assisting those efforts designed to meet the specialized and unique educational needs of Alaska Native/American Indian students including programs supplemental to the regular school program to maintain educational and life skills standards which encourage successful outcomes for youth.

Sun'aq Tribe of Kodiak requires the following for all children listed on the application:

- A Certificate of Degree of Indian Blood or tribal enrollment verification
- Birth certificates for all children listed on the application
- Applicants must live within the Sun'aq Tribe Service area
- Applicants must be willing to sign a release of Information (Photo and transportation release is optional.)
- Documentation of the activity the student is requesting assistance for (registration form, invoice, program brochure, etc...)

*******FOR OFFICE USE ONLY*******

Date application received:_____Application received by:_____

Residency documentation provided:_____

Comments/notes:_____

Case Manager signature:_____Date:____/____/____

Johnson O'Malley Youth Program Application

Youth Name:_____ DOB:_____

Youth Name:_____ DOB:_____

Youth Name:_____ DOB:_____

Youth Name:_____ DOB:_____

Youth Name:_____ DOB:_____

Youth Physical Address:_____

Parent/Guardian Name:_____

Parent/Guardian Mailing Address: _____

Parent/Guardian Phone Number:_____

Parent/Guardian Email Address:_____

Please give a brief description of what services you are requesting and the duration. If you are requesting assistance with registration fees for a youth activity, please submit a copy of the completed registration form with this application.

Johnson O'Malley Youth Program Code of Conduct

As a member of the JOM Youth Program, I will respect others and myself. This means that I will not offend others by my language or my actions. I will listen to and obey safety instructions that may be given to me by adults supervising at all activities and events. I will not use substances that I know I should not have, like alcohol, drugs or tobacco. I will act respectfully and appropriately toward youth and adults during activities. If I do not, I agree that I may be removed from the JOM program.

Parent/Guardian Signature: _____

Youth Signature _____

Date: _____

Youth Program Release of Information

I, _____, (parent/guardian)
hereby authorize the release of information requested by the Sun'aq Tribe of Kodiak for
(youth name/s);

Youth Name: _____ DOB: _____

Youth Name: _____ DOB: _____

Youth Name: _____ DOB: _____

Youth Name: _____ DOB: _____

The requested information shall be used solely in the administration of the Johnson O'Malley Youth Program offered by the Sun'aq Tribe of Kodiak, and will not be released to any other person or agency outside of the Sun'aq Tribe. This release of information shall be in effect as long as the youth named above are recipients of the Sun'aq Tribe JOM Program services.

Transportation

I do _____ or do not _____ (**check one**) give permission for the youth named above to receive transportation services to or from their homes for JOM activities.

Photos

I do _____ or do not _____ (**check one**) give permission for the youth named above to have photos taken at JOM sponsored activities and be used for newsletters, reports, or other public media, including but not limited to the Sun'aq Tribe of Kodiak website.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL