



TRIBAL TANF FAMILY WELLNESS

Contact Information, Liability & Photo Waiver

ACTIVITY:

DATE:

Please print all information and fill out completely – Classes or activities are subject to change

ADULT INFORMATION

Adult First Name:		Adult Last Name:	
Mailing Address:		City:	Zip Code:
Evening Phone:	Cell Phone:	Day Phone:	Birth date:
Place of Birth:			

EMERGENCY CONTACT INFORMATION

Name:	Phone #	Cell Phone:
Name:	Phone #:	Cell Phone:
Insurance Carrier:		Policy #:
Family Physician:		Phone #:

PARTICIPATION INFORMATION

Participants Name	Age	Gender	Grade	Date-of-Birth

PLEASE READ AND SIGN BELOW

The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant) cannot participate in the recreation activities until this WAIVER has been completed.

I _____ as the legal guardian/parent of _____ for myself, my personal representative, heirs, next of kin, spouse and assignees do hereby release and discharge the North Fork Rancheria and all of its programs, employees, agents, Board of Directors, and staff from any and all claims and damages, or property damage while participating in the *above activity* or attending the *above activity* which is being financially sponsored by NFRTT. I understand that my participation in the NFRTT *activity* or my participation in an activity which is being financially sponsored by NFRTT may result in potential harm, injury and/or damage to me or my property. In case of an accident or an emergency, I authorize a staff member of NFRTT to take my child to the above-named Physician or to the nearest Emergency Hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense. All allergic reactions to, and current medication taking information must be disclosed on this form.

NFR Tribal TANF – Code of Conduct

Be helpful, courteous, and respectful to others at all times
Do not use or possess alcohol, tobacco, or other drugs
Check in with your event leaders, so they know where you are at, at all times
Be respectful of other youth (No fighting, pushing, hitting, or “put downs”)
Be respectful of the environment (No littering or vandalism)
No vulgar language will be tolerated. NO PETS ALLOWED

Safety is our first priority:

If the behavior of an individual is not appropriate, consequences will be determined by the appropriate NFR Tribal TANF staff member.

Consequences may include the following:

- Verbal Warning
- Parent Contact
- Sent home from activity at own/parents’ expense
- Disqualification from future FW prevention events

I have read and hereby agree to abide by the NFR Tribal TANF Activity Rules. I further acknowledge that my participation in the NFR Tribal TANF Activities will be in jeopardy should I fail to adhere to the rules. I give permission for any photos/filming of my child/myself taken while participating in this activity, to be used by NFR and its programs for promotional use, such as but not limited to: newspaper, television, posters, social media, magazines, promotional or educational, etc. I also understand that I will not receive any compensation for such use.

PARTICIPANT’S/PARENT’S SIGNATURE: _____ **DATE:** _____ .

(Parent or legal guardian must sign for those under 18 years of age)



NORTH FORK RANCHERIA TRIBAL TANF – FAMILY WELLNESS

<input type="checkbox"/> North Fork Office 56901 Kunugib North Fork, CA 93643 Phone (559) 877-7277 Fax (559) 877-7234	<input type="checkbox"/> Clovis Office 1225 N Willow Ave, Suite 130 Clovis CA, 93619 Phone (559) 298-5700 Fax (559) 298-5717
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Adult Prevention Application

Section I – General Household Information

First Name	Last Name	Phone #
Mailing Address	City	Zip Code

Section II – Family Information

Family Type: <input type="checkbox"/> 1-Parent <input type="checkbox"/> 2-Parent <input type="checkbox"/> Relative Home <input type="checkbox"/> Other				TANF Cash Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Total number in household? _____				Number of dependants under 18yrs? _____		
List Household Family Members	Tribal Affiliation	Gender	Marital Status	Degree or Highest Grade Attended	Date of Birth	Name of School Attending
1						
2						
3						
4						
5						
6						

Section III – At Risk Indicators (please check all that apply)

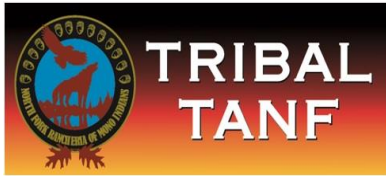
<input type="checkbox"/> Living in high crime rate area	<input type="checkbox"/> Member of low-income family
<input type="checkbox"/> Absent parent (single parent children)	<input type="checkbox"/> Low academic skills (not low intelligence)
<input type="checkbox"/> Parents are not high school graduates	<input type="checkbox"/> Homelessness /housing
<input type="checkbox"/> Living with caretaker /relative	<input type="checkbox"/> Substance abuse issues
<input type="checkbox"/> Have negative self-perceptions; low self-esteem	<input type="checkbox"/> Pregnant /Parenting teen
<input type="checkbox"/> Living on or near Rancheria lands	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Previous involvement in Juvenile Justice System	<input type="checkbox"/> Other _____
<input type="checkbox"/> Living in unstable school district	

I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by *North Fork Rancheria Tribal TANF Program*, for the purpose of Data Tracking.

Disclaimer: I understand that my information is confidential and will not be divulged to anyone without my permission.

Head of Household Signature

Date



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YOUTH ACTIVITIES PREVENTION APPLICATION – 12 to 17 yrs

Section I – Student Information

Name	Mailing Address	Physical Address		
Age	Birth Date	Gender	School Attending	Grade
Tribal Affiliation	Parent /Guardian Name		Phone	Message Phone (if different)

Section II – Risk Factors for Services (please check all that apply)

Have you ever experimented with drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been arrested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been exposed to alcohol or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you live with your parents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How often are you exposed to alcohol or drugs?	<input type="checkbox"/> Daily <input type="checkbox"/> Other	Are your parents married?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If other, how often? _____		Do you currently have a “C” average (2.0 gpa)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever felt peer pressure to have sex?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you consider yourself a risk taker?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you sexually active?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you experienced the loss of a family member or friend?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been exposed to violence? (Physical or Verbal)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you live on the Rancheria?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been in an altercation /fight?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel safe in your community?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been suspended from school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	In your opinion, do many kids in your community, under 18 yrs use alcohol and drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section III – Specify Activities that would interest you?

I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by *North Fork Rancheria Tribal TANF Program*, for the purpose of Data Tracking.

Disclaimer: I understand that my information is confidential and will not be divulged to anyone, including my parents.

Student Signature

Date

Application for Youth Work Experience
(To be filled out by applicant ONLY)

Personal Information			
Last Name	First Name	Middle Initial	Social Security Number
Address	City	Zip Code	Phone Number
Work Experience – List Most Recent Job First			
From	Employer's Name/Address/Telephone	Start Pay	Job Title
To		End Pay	Reason For Leave
Job Duties			
From	Employer's Name/Address/Telephone	Start Pay	Job Title
To		End Pay	Reason For Leaving
Job Duties			
General Information			
Are you between the ages of 14-19? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If under the age of 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What High School do you attend? _____			
Do you have a Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have CA State ID or CA Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What cities/towns can you commute to for training? _____			
Are there any times during the week that you are not available to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please explain _____			

To whom it may concern,
To better understand the interests of the applicant a short survey has been included.
Please mark all that apply to you.

I want to be in the Youth Work Experience program because (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> I want to make money | <input type="checkbox"/> I know People who are applying |
| <input type="checkbox"/> I want to gain experience | <input type="checkbox"/> I have participated in previous years and would like to again |
| <input type="checkbox"/> I need something to do over the summer | <input type="checkbox"/> Other |
| <input type="checkbox"/> I want to build up my resume | |

I would be interested to learn more about (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Financial Skills (<i>money management, credit</i>) | <input type="checkbox"/> Tribal Traditions & Professional Life Balance |
| <input type="checkbox"/> College/University/Vocational Ed. | <input type="checkbox"/> Motivational workshops |
| <input type="checkbox"/> Work Ethics | <input type="checkbox"/> Drug/Alcohol Education |
| <input type="checkbox"/> Job Preparation/Choosing a Career | <input type="checkbox"/> Pregnancy Prevention Education |
| <input type="checkbox"/> Goals: How to set/achieve them | <input type="checkbox"/> Other |

Barriers I currently face or may face in the future include:

- | | |
|--|--|
| <input type="checkbox"/> I'm with out a driver's license | <input type="checkbox"/> I need assistance with Appling/Paying for College |
| <input type="checkbox"/> I'm without a car/transportation | <input type="checkbox"/> I lack motivation/interest |
| <input type="checkbox"/> I'm without technology (<i>computer, phone</i>) | <input type="checkbox"/> I need assistance with job searching |
| <input type="checkbox"/> I lack proper clothing: (<i>interview/work</i>) | <input type="checkbox"/> I desire steady work/job |
| <input type="checkbox"/> I need assistance with child care | <input type="checkbox"/> Other |

I am interested in the following industries for my future career/job:

- | | |
|---|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Technology/Computers |
| <input type="checkbox"/> Beverage/Food Industry | <input type="checkbox"/> Business Services |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Other |

My job preference would involve the following:

- | | |
|--|--|
| <input type="checkbox"/> Being outdoors | <input type="checkbox"/> Clerical work |
| <input type="checkbox"/> Being Indoors | <input type="checkbox"/> Physical work |
| <input type="checkbox"/> Working with the public | <input type="checkbox"/> Working independently/small group |

My dream job would be _____.