



Gwich'in Renewable Resource Board
 P.O.Box 2240, Inuvik, NT X0E 0T0
 Phone: (867) 777.6600 Fax: (867) 777.6601
<http://www.grrb.nt.ca>

Youth Work Experience Application Form

The Youth Work Experience was established by the GRRB in 2000 in an effort to provide youth with hands on experience in order to pursue careers in renewable resources. The Program takes place during the summer months (June- August). As wildlife, fisheries, forestry, culture and education projects are undertaken near a community, students from that community will be hired on a short-term basis. The length of work experience will vary with the projects. Most work experience will involve 2-5 days of participation. Students will be paid \$50/day.

Name: _____ Tsiigehtchic Phone: _____
 Box: _____ Inuvik Age: _____
 Fort McPherson Grade: _____
 Aklavik

Why do you want to be involved in this program?

Are you a Gwich'in Beneficiary? Yes or No

To participate in the Renewable Resource Work Experience Program I must:

- be 13-20 years old,
- be reliable and punctual,
- have a positive attitude and
- always be willing to learn.

Signature: _____ Date: _____

Please return application form the Gwich'in Renewable Resource Board.

Parent/Guardian Consent Form Youth Work Experience Program

To: Parents, Guardians and Youth participants
From: Gwich'in Renewable Resource Board
Re: Youth Work Experience Program

Please fill in the permission form and return to the GRRB

Permission Form

I give my permission for _____ to participate in the Youth Renewable Resource Work Experience Program.

I, the undersigned, am legally authorized to sign the Parent/Guardian Consent Form and hereby give my full consent for participation in the activities cited above. I have read this form and fully understand its contents. Moreover, I release the supervisors, chaperones, Gwich'in Renewable Resource Board or any person acting on behalf of the Gwich'in Renewable Resource Board, from any and all liability which may result from this trip including personal loss, injury or death.

Signature of parent/guardian

Date

Signature of participant

Date