Alaskan youth stewards

(traYLS)

Application

**This application is for those youth or young adults interested in joining a youth crew for roughly a ten-week period, June 9th to August 19th, 2022.** The seasonal program will combine minimal classroom learning with skill building field work with a Crew Leader and multiple partner organizations and professional mentors. Applicants must be minimum 15 years of age and no older than 25 years of age. Participants should be prepared to work in rugged terrain and inclement weather. If necessary and for more information on the program, please contact **Bob Girt at 907-617-5886** or email [bob.girt@sealaska.com](mailto:bob.girt@sealaska.com) .

MAIL completed application, care of Bob Girt, to P.O. Box 569, Klawock, AK 99925… *OR*

Email application as PDF attachment to email address above and: [powvoctec@gmail.com](mailto:powvoctec@gmail.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | | | | | First | |  | | | | | | | | | | M.I. | | | | | Date | | | |  | | |
| Mailing Address | |  | | | | | | | | | | | | | | | | | | | | | | **Age as of 6-1-22** | | | | | | | | |  | | |
| City |  | | | | | | | | | | | State | |  | | | | | | | | | | ZIP | |  | | | | | | | | | |
| Cell Phone |  | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | |
| If a minor, do you have a parental or guardian consent to participate? | | | | | | | | | YES | | NO | | | Parent/Guardian give Consent Assertion Here | | | | | | | | | | | | | | | | | YES | | | NO | |
| Have you worked before on any TRAYLS (AYS) crew? If so, when? | | | | | | | | | YES | | NO | | | Print Name: | | | | |  | | | | | | | | | | | | | | | | |
| If <18 yr., are you still attending school? | | | | | | | | | YES | | NO | | | Signature: | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drivers License | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE A DRIVER’S LICENSE? | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | | |
| Driver’s license number | | | | | |  | | | | State of issue | | | | |  | | | | | | | Expiration Date | | | | | | | | | |  | | | |
| Do you have experience operating ATVs of any type? | | | | | | | | | | | | | YES | | | NO | | | | | | If so, what type? | | | | | | | | | | | | | |
| Have you had training operating this equipment? | | | | | | | | | | | | | YES | | | NO | | | | | | If so, explain? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School |  | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | | | | | | | | |
| From |  | | To | |  | | Did you graduate? | | | | YES | | | NO | | | | Honors? | | |  | | | | | | | | | | | | | | |
| College |  | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | | | | | | | | |
| From |  | | To | |  | | Did you graduate? | | | | YES | | | NO | | | | Degree? | | |  | | | | | | | | | | | | | | |
| Other Type |  | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | | | | | | | | |
| From |  | | To | |  | | Did you graduate? | | | | YES | | | NO | | | | Degree | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | | | | | | | | From | | |  | | To | |  | | | | | | | |
| Rank at Discharge | | | | |  | | | | | | | | | | | | | | | | Type of Discharge | | | | | | | |  | | | | | | |
| If other than honorable, explain | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| References | | | | | | | | | | | | | | | | | | |
| Please list three references. If you are a high school student, please list at least one person that represents the school. | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | Relationship | | | |  | | |
| Company | | | | |  | | | | | | | Cell Phone | | |  | | | |
| Email? | | | | |  | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | Relationship | | | |  | | |
| Company | | | | |  | | | | | | | Cell Phone | | |  | | | |
| Email? | | | | |  | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | Relationship | | | |  | | |
| Company | | | | |  | | | | | | | Cell Phone | | |  | | | |
| Email? | | | | |  | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | Phone | |  | | | | | |
| Job Title | |  | | | | | | | | | Supervisor Name | | |  | | | | |
| Responsibilities | | | | | |  | | | | | | | | | | | | |
| From |  | | | | | To | |  | Reason for Leaving |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | YES | NO | |  | | | | | |
| Company | | |  | | | | | | | | Phone | |  | | | | | |
| Job Title | |  | | | | | | | | | Supervisor | | |  | | | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | |
| From |  | | | | | | To |  | Reason for Leaving |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | YES | NO | |  | | | | | |
| Company | |  | | | | | | | | | Phone | |  | | | | | |
| Job Title | |  | | | | | | | | | Supervisor | | |  | | | | |
| Responsibilities | | | | | |  | | | | | | | | | | | | |
| From |  | | | | | To | |  | Reason for Leaving |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | YES | NO | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. I understand that, if selected to be a crew member, I may be required to take a pre-employment drug screening test.  If this application leads to employment, I understand that false or misleading information in my application or during the interview process may result in my release. | | | | | | | | | | | | | | | | | | |
| Applicant Signature | | | |  | | | | | | | | | | | | | Date |  |