

PO Box 2240

Inuvik, NT; X0E 0T0

Gwich'in Renewable Resources Board

PO Box 2240 Inuvik, NT X0E 0T0 Phone: (867) 777-6600 Fax: (867) 777-6601 http://www.grrb.nt.ca

Youth Work Experience Program Application Form

The Youth Work Experience Program was established by the GRRB in 2000 in order to provide youth with hands on experience in the renewable resources field. The Program takes place during the summer (Jun-Aug).

When wildlife, fisheries, forestry, culture and education projects are undertaken near a community, youth from that community may be hired on a short-term basis to assist researchers in the field. Activities will be supervised by a responsible adult and may include collecting samples in the field, assisting with recording data, assisting with the delivery of education programs, heavy lifting, working with equipment and travel by vehicle or boat. The length of work experience will vary with the projects. Most work experience will involve 2-5 days of participation. Youth will be paid \$50/half day (<4 hrs); \$100/day (> 4hrs) and \$150/day for field work involving overnight stays. Payment will be made by cheque to youth one week after final report received.

Name:		Age:	Grade:	
Phone:		Mail Addres	ss:	
SIN:		Date of birth:		
Home Community: o	check one			
Aklavik		Inuvik		
Tsiigehtchic		Fort McPherson		
Why do you want to				
We invite all youth in youth to self-identify		ttlement Area to apply. For ou	r own records, we encourage Gwid	
Are you a Gwich'in E	Beneficiary? Yes	⊐ or No □		
To participate in the • be 13-20 years old • be reliable and pur • have a positive atti	, nctual,	ource Work Experience Progra	m I must:	
 always be willing to 				
Signature:		D	ate:	
Please return this a 105 Veteran's Way		son or by mail to the GRRB o	office:	



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Parent/Guardian Consent Form GRRB Youth Renewable Resource Work Experience Program

Please complete the consent form and return to the GRRB I, _____ (parent/guardian name), give my permission for (youth name) to participate in the GRRB Youth Renewable Resource Work Experience Program. I am legally authorized to sign the Parent/Guardian Consent Form and hereby give my full consent for participation in the activities cited above. Measures will be taken to ensure participant safety and activities will be supervised. However, participants may be subjected to insect bites; sun and exposure to weather conditions; being approached by wildlife, including bears; risks associated with transportation or other risks not detailed. I give permission for the GRRB or representatives to contact Emergency Medical Services on behalf of my son/daughter in the event of an emergency. 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 my son/daughter's participation including personal loss, injury or death. I have read this form and fully understand its contents. Youth Participant Health Card number: _____ Parent/Guardian contact information: Name: (Street and Box number) Address: Phone: (day)_____ Alternate emergency contact: Name: Relationship to youth: Phone: (day)_____ Signature of parent/guardian (if under 19) Date