



Spokane Tribe of Indians 477 Youth Employment Program



Spokane Site
232 E Lyons Ave., Spokane, WA 99208
Fax 509.533.0699 Ph. 509.533.1360

Wellpinit Site
PO Box 358, Wellpinit, WA 99040
Fax 509.458.8017 Ph. 509.458.8000

JOB ANNOUNCEMENT

TITLE: SUMMER YOUTH EMPLOYMENT
DEPARTMENT: 477-YOUTH EMPLOYMENT PROGRAM
STATUS: TEMPORARY 40 HOURS A WEEK
RATE OF PAY: TBD
OPENING DATE: March 31, 2025
CLOSING DATE: May 2, 2025

The Spokane Tribe of Indians 477 Youth Employment Program is now accepting applications for the 2025 Summer Youth Employment Program. For youth ranging between the ages of 14 to 19 years old by the first day of employment and attending an educational program.

5 Week Session: June 30, 2025 - August 1, 2025 (200 hrs.)

Eligibility for Employment & Indian Preference:

- Applicants must be a member of a Federally recognized Tribe or a 1st line Descent of a Federally Recognized Tribe (excluding Kalispel Tribal Members due to funding restrictions)
- Applicants must reside in the 477/TANF service area.
- 19-year-old applicants must be enrolled/attending an approved educational program
- Must have ended the 2024 - 2025 school year with a cumulative GPA of 2.0 (*3rd quarter grades will be due with application to check if the 2.0 requirement is met, but NOT to determine eligibility. Final grades will be due to confirm the 2.0 requirement was achieved by the end of the school year*)
- ALL Applicants are subject to a pre-employment drug test
- Indian Preference as follows: 1.) TANF client 2.) Spokane Tribal Member 3.) 1st line descendant of a Spokane Tribal Member 4.) Member of other Federally Recognized Tribe 5.) 1st line descendent of another Tribe

Please use the attached check list to ensure all required documents are attached to the application.

**APPLICATIONS CAN BE PICKED UP AND DROPPED OFF AT THE
WELLPINIT & SPOKANE SITES**

For More Information Contact the above Office Numbers

Applications submitted after the Closing Date will not be eligible for employment.



Spokane Tribe of Indians

477 Youth Employment Program



Spokane Site
232 E Lyons Ave., Spokane, WA 99208
Fax 509.533.0699 Ph. 509.533.1360

Wellpinit Site
PO Box 358, Wellpinit, WA 99040
Fax 509.458.8017 Ph. 509.458.8000

DOCUMENTS CHECK LIST

Please use the check list to ensure all required documents are submitted with application on or before May 2, 2025.

NEW APPLICANT REQUIREMENTS	
COMPLETE	REQUIRED DOCUMENT
	Completed Application – ALL section must be completed
	Verification of Age – <i>(State Certified Birth Certificate)</i>
	Proof of Tribal Enrollment – <i>(Tribal I.D. Card, Certificate of Indian Blood)</i>
	Social Security Card – <i>(Copy or Proof of filing for replacement from Social Security & copy of card as soon as received)</i>
	Proof of Residence – <i>(Utility Bill – EX. AVISTA/Electrical Bill) Has to identify physical address</i>
	Verification of Legal Guardianship – <i>(Court Documents or Power of Attorney)</i>
	Verification of School Enrollment – <i>(ASB card, enrollment)</i>
	Drug Test Consent Form – <i>(Attached to Application)</i>
	Liability Waiver – <i>(Attached to Application)</i>
	3rd quarter grades – <i>(School mailed copy or for Spokane Public Schools online printed copy)</i>

RETURNING APPLICANT REQUIREMENTS	
COMPLETE	REQUIRED DOCUMENT
	Completed Application – ALL sections must be completed
	Proof of Residence – <i>(Utility Bill – EX. Avista/Electrical Bill) Has to identify physical address</i>
	Verification of Legal Guardianship – <i>(Court Documents or Power of Attorney)</i>
	Verification of School Enrollment – <i>(ASB card, enrollment)</i>
	Drug Test Consent Form – <i>(Attached to Application)</i>
	Liability Waiver – <i>(Attached to Application)</i>
	3rd quarter grades – <i>(School mailed copy or for Spokane Public Schools online printed copy)</i>

Applications submitted after the closing date will not be eligible for employment



Spokane Tribe of Indians

477 Youth Employment Program

Application



Spokane Site
232 E Lyons Ave., Spokane, WA 99208
Fax 509.533.0699 Ph. 509.533.1360

Wellpinit Site
P.O. Box 358, Wellpinit, WA 99040
Fax 509.458.8017 Ph. 509.458.8000

LOCATION: Wellpinit: _____ Spokane: _____
APPLICANT STATUS: New: _____ Returning: _____

Please print legibly or type. Answer ALL questions completely. Incomplete applications will not be processed.

YOUTH EMPLOYEE PERSONAL INFORMATION

Verification required refer to Documents Check List

Name as it appears on Social Security Card:

Mailing Address: Last First Middle

Physical Address: Address City State Zip

Address City State Zip

Youth Cell Phone number: _____ **Youth Email Address:** _____

Date of Birth: _____ **Gender:** Male _____ Female _____ **Total # in Household** _____

Social Security Number: _____ **U.S. Citizen:** Yes _____ No _____

PARENT INFORMATION

To be used as Emergency Contact information

Parent/Legal Guardian:

Contact 1

Name Relationship

Home Phone #: _____ **Cell Phone #:** _____ **Work Phone #:** _____

Email Address: _____

Contact 2

Name Relationship

Home Phone #: _____ **Cell Phone #:** _____ **Work Phone #:** _____

Email Address: _____

TRIBAL AFFILIATION

Verification required refer to Documents Check List

Enrolled Member of a Federally Recognized Tribe: Yes ____ No ____

Name of Tribe: _____ Enrollment #: _____

1st line descendant: Yes ____ No ____ Parent's Name: _____

Name of Tribe: _____ Parent's Enrollment #: _____

EDUCATION

Verification required refer to Documents Check List

Name of School/College attending: _____

City State Zip

Phone #: _____ Current Grade Completed: _____

Are you on an Individual Education Plan (IEP) with your school? Yes ____ No ____ *If yes please provide documentation.*

PRIOR EMPLOYMENT

MUST be completed unless New Applicant

Employer Name: _____

Address City State Zip

Position: _____ Dates: _____ to _____

Supervisor: _____ Phone #: _____

Duties: _____

OTHER INFORMATION

MUST complete the following

Do you have a current CPR/First Aid card? Yes ____ No ____ if Yes when does it expire: _____

Release of Information

The information provided is true and accurate to the best of my knowledge. Should I be employed by the Spokane Tribe, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. I also hereby authorize the Employment & Training department staff to obtain or release information included in this application as it pertains to my eligibility for services, and/or reporting purposes.

Date _____ Applicant Signature _____
(Signature Required)

Date _____ Parent Signature _____
(Required if under 18 years of age)



Spokane Tribe of Indians

477 Youth Employment Program



Spokane Site

232 E Lyons Ave., Spokane, WA 99208
Fax 509.533.0699 Ph. 509.533.1360

Wellpinit Site

PO Box 358, Wellpinit, WA 99040
Fax 509.458.8017 Ph. 509.458.8000

DRUG TEST CONSENT FORM

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by the Spokane Tribal 477 Youth Employment Program.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to Spokane Tribal 477 Youth Employment Program and I further authorize the Spokane Tribal 477 Youth Employment Program to disclose the results to my parent(s) and/or guardian(s) and a designated behavioral health program for assessment and treatment.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release the Spokane Tribal 477 Youth Employment Program, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Spokane Tribal 477 Youth Employment Program for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Youth Employee Print Name

Youth Employee Signature Date

Parent/Guardian Print Name

Parent/Guardian Signature Date



Spokane Tribe of Indians

477 Youth Employment Program



Spokane Site
232 E Lyons Ave., Spokane, WA 99208
Fax 509.533.0699 Ph. 509.533.1360

Wellpinit Site
PO Box 358, Wellpinit, WA 99040
Fax 509.458.8017 Ph. 509.458.8000

LIABILITY WAIVER

I. RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK

In consideration for the utilization of work opportunities including recreational, carpentry, landscaping, and/or similar activities (collectively, "Youth Employment Participation"), provided by the Spokane Tribe of Indians 477 Youth Employment Programs ("Programs"), I, _____ (*name of parent or legal guardian*), on behalf of my child/ward, hereby understand and agree to this Release of Liability, Waiver of Legal Rights and Assumption of Risk (the "Waiver") and to the terms hereof as follows:

1. I acknowledge that Youth Employment Participation consists of program activities involving travel in three dimensions, working in rough terrain and adverse weather conditions. Such activities are subject to mishap and even injury in participants. I understand I may suffer a broken limb, paralysis or fatal injury while participating in the Programs.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
2. I, on behalf of myself, personal representatives and my heirs, hereby VOLUNTARILY AGREE TO RELEASE AND DISCHARGE THE PROGRAM and its officers, directors, elected officials, agents, employees, instructors, and owners of equipment (hereinafter collectively referred to as "Released Parties"), from any and all liability, claims, suits, demands, or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the Programs, including, but not limited to, losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTICIPANTS, THE NEGLIGENCE OF THE RELEASED PARTIES, THE NEGLIGENCE OF OTHERS, ACCIDENTS, BREACHES OF CONTRACT, THE FORCES OF NATURE OR OTHER CAUSES.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
3. I understand and acknowledge that the Programs have inherent dangers that no amount of care, caution, instruction or expertise can eliminate, and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE PROGRAMS WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
4. I further agree that I, my personal representatives and my heirs, WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of my participation in the Programs.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
5. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in the Programs.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
6. I expressly assume full responsibility for and hold the Released Parties harmless for any injury that I may suffer or inflict upon others or their property as a result of my engaging in the Programs.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
7. I agree that my child/ward will operate the Programs equipment in a reasonable and safe manner so as not to endanger the lives of persons or property of any individual.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
8. I have read and understood the above and acknowledge that the same constitutes a release of liability and a waiver of my legal rights and also acknowledgment of the assumption of liability by me of all risks arising out of my engaging in the Programs.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]
9. I further represent that this Release shall continue in full force and effect for so long as I engage in the Programs which are in any way connected to or with the Released Parties.
[Parent/Legal Guardian Initial Here _____] [Youth Participant Initial Here _____]

10. I further represent that I am at least 18 years of age, or that as the parent or (adult) legal guardian, I waive and release any and all legal rights that may accrue to me, to my minor child, or to the minor child for whom I am (adult) legal guardian or I may suffer while engaging in the Programs.

[Parent/Legal Guardian Initial Here _____]

[Youth Participant Initial Here _____]

11. I specifically understand and recognize that this Release is a contract pursuant to which I have released any and all claims against the Released Parties resulting from participation in the Programs; including any claims by the negligence of the Released Parties by any of the undersigned.

[Parent/Legal Guardian Initial Here _____]

[Youth Participant Initial Here _____]

12. I agree that, should any claim or action arise from my participation as described herein, including any issue as to the applicability of this Release or any provision within it, proper Jurisdiction and Venue shall only lie with the Spokane Tribal Court and I waive jurisdiction and venue anywhere else.

[Parent/Legal Guardian Initial Here _____]

[Youth Participant Initial Here _____]

13. I further expressly agree that the foregoing Release is intended to be as broad and inclusive as is permitted by the Revised Spokane Law and Order Code and applicable federal or Washington state law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

[Parent/Legal Guardian Initial Here _____]

[Youth Participant Initial Here _____]

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY IT.

Name of Minor Participant (*Please Print*)

Minor Participant DOB

Name of Parent or Legal Guardian (*Please Print*)

Signature of Parent or Legal Guardian

Date

BY THIS SIGNATURE, THE PARENT OR GUARDIAN, ON BEHALF OF THE MINOR PARTICIPANT, RELEASES ANY AND ALL CLAIMS OF THE MINOR PARTICIPANT AND THE PARENT OR GUARDIAN.

Address of Parent or Legal Guardian

Phone Number of Parent or Legal Guardian

Emergency Contact Name & Phone Number

II. COMMITMENT TO PARTICIPATE

I, _____, (*minor participant name*) agree to fully participate in the Youth Employment Activities offered by the Program and assist with any reasonable requests to the best of my ability. I pledge to conduct myself in a respectful manner and will follow the rules of the Program and all reasonable directions from Program volunteers and staff.

Signature of Minor Participant

Date

III. MEDICAL AUTHORIZATION AND LIABILITY RELEASE

I, _____, (*parent or legal guardian name*) am the parent or legal guardian of _____, (*minor participant name*) hereby approve the participation of my child in the Youth Employment Program described in this Liability Waiver. In the event of illness or accident, I give my consent for my child to receive medical attention.

Signature of Parent or Legal Guardian

Date

In the event of illness or accident, I, _____, give my consent to receive medical attention.

Signature of Minor Participant

Date

IV. ADDITIONAL INFORMATION

Please list any additional information you think we need to know about your child:



Spokane Tribe of Indians

477 Youth Employment Program



Spokane Site
232 E Lyons Ave., Spokane, WA 99208
Fax 509.533.0699 Ph. 509.533.1360

Wellpinit Site
PO Box 358, Wellpinit, WA 99040
Fax 509.458.8017 Ph. 509.458.8000

IMAGE & RECORDING CONSENT

CHECK ONE OF THE BOXES

☐ **NO**, I do not agree to use of digital images/voice recordings.

☐ **YES**, I, _____ hereby authorize the Spokane Tribe of Indians, its Enterprises and Programs, Programs, Privately Owned Businesses including the Tribal TANF/477 Program to use any photographs, video, likeness, characterizations or other resemblance of my child, or biographical data concerning my child, for any and all purposes, with or without my endorsement, including but not limited to advertising and publicity surrounding the Spokane Tribe, its Enterprises, Programs, Interagency Associations/Promotions or other entities or activities produced or promoted by Spokane Tribal 477.

Youth Employee Print Name

Youth Employee Signature

Date

CHECK RELEASE CONSENT

CHECK ONE OF THE BOXES

☐ **NO**, I do not authorize any checks payable to me to be released.

☐ **YES**, I, _____ hereby authorize all checks payable to me to be released to the following individual(s) to be picked up on the designated paydays:

Name: _____

Name: _____

Name: _____

Name: _____

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF REVOCATION IS ACKNOWLEDGED BY ME. THIS AUTHORIZATION SUPERSEDES ANY PRIOR DATED AUTHORIZATION THAT I MAY HAVE ON FILE.

I certify that I have carefully read this document, understand its contents and I sign it freely and voluntarily.

Youth Employee Print Name

Youth Employee Signature

Date