



# George River Internship

July 17, 2021-July 24, 2021

Students applying to participate in the internship should be highly motivated individuals who are interested in learning more about the area's natural resources. Students will be involved in assisting biologists with counting salmon, sampling fish for biological data, collecting habitat information, and completing a curriculum of learning activities ranging from fish dissections to analyzing fisheries data. Students will spend seven days at the remote field camps of the George River as well as the George River Weir. The interns' travel to and from the project site and room and board will be paid. The intern will also receive a \$500 stipend after successful completion of the program. Interns must complete the written curriculum before the stipend will be paid. Supplemental pay for additional research will also be available.

### Qualifications

- Participants must be between 15-19 years of age.
- Participants should be a resident of one of the Kuspuk villages but other villages will be considered.
- Participants must have completed 2 prior Math Science Expeditions on the Salmon / Aniak River.
- Must be recommended by MSE Staff.
- Participants must have a mature attitude and good work ethic.
- Participants must be motivated to complete all work and written assignments.

### Complete Applications Include the Following

- **Application form signed by a parent or legal guardian if under 18**
- **Resume**
- **Cover Letter**
- **Copy of two forms of ID (One Time Only)**
- **I-9 Employment Verification Form (One Time Only)**
- **W-4 Form (Updated for 2021)**

**How many Math Science Expeditions have you participated in? \_\_\_\_\_**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Personal Email Address

\_\_\_\_\_  
Birth Date Grade Social Security Number

\_\_\_\_\_  
School Email Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

*I state that all of the above information is true, and that I will work hard to have a successful internship. I understand I will receive the \$500 stipend after turning in my final project, and completing all the written and fieldwork assigned to me.*

X \_\_\_\_\_  
Student Signature Date



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## Student Behaviors and Expectations

Must be reviewed, understood, and signed by all participants.

You are representatives of and ambassadors for you school, teachers, family, community, and self. You are expected to conduct yourself in a responsible and mature manner at all times.

### What you "SHOULD NOT" bring to camp:

- **Alcohol, controlled substances or drug paraphernalia;**
- **Weapons, firearms, knives, or any object that poses danger to oneself and/or others;**
- **Tobacco products, including cigarettes, chew, snuff, iqmik, marijuana, etc.** The GRI does not allow the use of any type of tobacco product by students or staff. Our position on tobacco is two-fold:
  - Use of tobacco is in direct opposition to George River Internship’s philosophy of promoting personal wellness and healthy lifestyles.
  - Alaska State Statute states that it is “illegal to sell, give, trade, or exchange any products (including vending machines) containing tobacco to any person under 19 years of age”. If students do currently use tobacco products, we strongly encourage them to discontinue use prior to participating in any GRI activity.
  - We understand that many students have and/or currently use tobacco products and we are aware of the side affects associated with withdrawal. Hard candy and gum will be provided to help curb any cravings.

### Consequences for use or possession of alcohol, controlled substances, paraphernalia, weapons or tobacco products are as follows:

- Immediate disciplinary action, including prompt dismissal from the program;
- Possible legal action.

### PROGRAM RULES

1. Curfew is 11:00pm (or as determined by staff) – lights out, quiet, in bed.
2. After lights out, you are not allowed to leave your room until breakfast time.
3. Always travel in pairs (or larger groups) unless specifically given instruction and permission to do otherwise.
4. Always inform a staff member of your whereabouts.
5. Disrespecting students, staff, or the facilities will not be allowed and could result in dismissal from the program.
6. No body piercing, hair dying, or tattoos while attending this program – How you arrive at the GRI is how you will leave the GRI!
7. No PDA’s (public displays of affection)

I have read and understand the above expectations and agree to abide by them during this program. **I also understand willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my respective school district, parent or guardian’s expense.** I also understand that I may be subject to further discipline as outlined under my respective school district’s Student Decorum Code.

\_\_\_\_\_ X \_\_\_\_\_  
 Student Name (Please Print) Student Signature Date

\_\_\_\_\_ X \_\_\_\_\_  
 Parent Name (Please Print) Parent Signature Date



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## Medical Consent Form

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Student Birthdate

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Medicaid Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Telephone

**Please answer the following questions:**

**YES**

**NO**

**Specify**

**Does your child have any allergies?**

\_\_\_\_\_

**Does your child have a heart murmur?**

\_\_\_\_\_

**Does your child have rheumatic heart disease**

\_\_\_\_\_

**Has your child ever had T.B.?**

\_\_\_\_\_

**Is there anything else we should know?**

\_\_\_\_\_

I, parent/legal guardian of \_\_\_\_\_, give consent to emergency medical treatment, hospitalization, or medical treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I hereby waive on behalf of myself, and the above named child, any liability of Kuspuk School District, or any of its agents or employees, arising out of such medical treatment.

**I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE THE GRI STAFF THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVEN TREATMENT IS DEEMED NECESSARY. IN ADDITION, I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEM NECESSARY. I ABSOLVE KUSPUK SCHOOL DISTRICT AND ITS ASSOCIATES FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.**

Native Village of Napaimute, Kuspuk School District, and their associates are not responsible for medical treatment deductibles or responsible for payment of financial billings of medical treatment received at any time.

**X** \_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*



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## Media Consent Form

Dear Students and Parents/Guardians,

We may be recording (audio, video, and digital stills) teacher and student activities associated with Kuspuk School District including, but not limited to the GRI Program. These recordings may be used for educational and informational use in a variety of media ranging from our website, Facebook, and Kuspuk newsletters to GRI promotional videos. All recorded material is the property of Kuspuk school District.

Please read the following guidelines and check the corresponding box if you agree/disagree:

- 1. **I give permission for my son/daughter to participate in any video/tape recording and photography that may become part of materials or products that could be shared with school district and business partners.**
- 2. **I understand the intention of the recordings/photos and the purpose of the programs, as state above.**

**I agree** to the guidelines listed above and give permission for my child to participate in any media recordings/photos associated with or obtained by Kuspuk School District

**I disagree** with the guidelines listed above and do not give permission for my child to participate in any media recordings/photos associated with or obtained by Kuspuk School District.

\_\_\_\_\_  
Student Name (Please Print)

X \_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
School Name/Location

\_\_\_\_\_  
School District Name

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\_\_\_\_\_  
Parent Name (Please Print)

X \_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code