21st ANNUAL
NATIVE AMERICAN NATURAL RESOURCES YOUTH PRACTICUM

Sponsored By
Native American Fish & Wildlife Society
Southwest Region

When:       June 18 - 22, 2018
Where:      Rio Mora National Wildlife Refuge, Waltrous, New Mexico
Open To:    Incoming 10th, 11th, & 12th Grade Students

The Practicum is open to all Native American high school students from Arizona, Colorado, Nevada, New Mexico, southern California, and Utah who have an interest in pursuing a career in fishery and wildlife management, forestry, range management, watershed management, hydrology, or other natural resources related field. The Practicum provides a "hands-on" learning experience in natural resource management and combines classroom with field sessions that enables students to learn concepts and techniques used to manage natural resources. The Practicum is provided by the Southwest Region, Native American Fish and Wildlife Society at no-cost to the participating students.

Summer temperatures in the area during June/July range from the 50's to 80 degrees Fahrenheit. Some strenuous hiking will be involved. For more information, contact Jeanne Lubbering at 505/259-4189 (cell phone); or Norman Jojola at: (office) 505/753-1451 or (cell phone) 505/927-3494.

All Applications Must Be Received or Postmarked By May 25, 2018. Selections will be made by June 4, 2018 and students will be notified by June 6, 2018. Only COMPLETE APPLICATIONS will be accepted. Please send completed applications to: Jeanne Lubbering, 59 Santa Maria Dr., Edgewood, NM 87015 or Norman Jojola, P. O. Box 1451, Espanola, NM 87532, or Fax – 505/753-1486.
Southwest Region
Native American Fish & Wildlife Society
2018 Natural Resources Youth Practicum

CHECKLIST

Make sure you have completed and enclosed the following materials:

- Application Form
- Essay
- Signed Student/Parent Contract, Signed Picture Release Statement (Same Page)
- Student Emergency Medical Information Form

ALL APPLICATIONS MUST BE RECEIVED BY May 25, 2018.

PLEASE SEND COMPLETED APPLICATIONS TO:

JEANNE LUBBERING or NORMAN JOJOLA
59 SANTA MARIA DR. P. O. BOX 1451
EDGEWOOD, NM 87015 ESPANOLA, NM 87532

PHONE: 505/259-4189 PHONE: (office) 505/753-1451
(cell phone) 505/927-3494

FAX: 505/753-1486
NAFWS-SW Region
2018 Natural Resources Youth Practicum

Application /Admission Form

Name:______________________________________________________________
Address:___________________________________________ City:____________
State:_____________________ Zip Code:____________________
Phone:_____________________________ Birthdate/Age:_____________________
School:_____________________________ Grade (Fall 2018):___________________
Tribal Affiliation:_________________________ Enrollment #:___________________
Name of Parent(s) or Guardian(s):__________________________________________
Phone Number of Parent(s) or Guardian(s):_____________________________
E-mail Address:________________________________________________________

Emergency Contact Information: (For Emergency Purposes Only)
Name of Next of Kin:____________________________________________________
Relationship:_________________________________________________________
Phone Number of Next of Kin:___________________________________________

Special Food/Dietary Restrictions:_________________________________________

T- Shirt Size - Sm  Med  Lg  XLg  XXLg

ON A SEPARATE SHEET OF PAPER, PLEASE PREPARE A SHORT ESSAY WHICH INCLUDES:

• Your interests and activities in Natural Resources such as fisheries, wildlife, forestry, and range
  management.

• What is Natural Resources Management and Conservation?

• What area of Natural Resources Management and Conservation would you like to learn more
  about and why?

• What area of Natural Resources Management and Conservation do you feel is most important to
  our future and why?

• What kind of Natural Resources Management and Conservation is being done on your
  Reservation? What would you do to improve it?
EMERGENCY MEDICAL INFORMATION – 2018 PRACTICUM
(To be filled out by Parent or Guardian)

Student Name: __________________________ Phone: __________________
Address: _____________________________ City: ______________________
State: __________________ Zip: __________
Parent/Guardian: ______________________ Work Phone: ______________
Relationship to Student: ____________________________

Physician’s Name: ________________________
Physician’s Address: ______________________
Physician’s Phone Number: __________________

Medical Insurance Company: ________________________
Policy Number: ____________________________

Is your child eligible for Indian Health Service contract health care?

Indian Health Service Unit Address: ________________________
Indian Health Service Unit Phone Number: __________________

Does your child have any physical disabilities?
(explain) ____________________________

Does your child have severe nosebleeds or other physical conditions that require precautions or special treatment?
(explain) ____________________________

Does your child wear glasses or contact lenses?

Does your child have Hay Fever? ______ Sinus Problems? ______
If your child has Hay Fever or Sinus Problems, are they on medication?

If yes, what kind of medication?

Is your child allergic to Insect bites or stings?

Please explain situation with allergies:

Has your child had any major illnesses within the past 5 years? ______
If so, please explain:

__________________________
Is your child currently taking any medication? If yes, what kind?

Does your child require assistance to take medication?

Is your child allergic to any kind of medications? If yes, what are these medications?

IF YOUR CHILD REQUIRES ANY TYPE OF MEDICATION, PLEASE ENSURE THEY HAVE AN ADEQUATE SUPPLY

Please provide any other information you feel is important:
NAFWS – SW Region
2018 Natural Resources Youth Practicum
Student/Parent Contract

Acceptance to the 2018 Natural Resources Youth Practicum is a privilege and it also requires Students and Parents to assume certain responsibilities.

STUDENT: I, ______________________, as part of the 2018 Natural Resources Youth Practicum, accept the conditions stipulated below:

1. I will participate in and be on time to all sessions and activities, unless excused by a staff member.
2. I will conduct myself in an orderly manner at all times and will be respectful and courteous to everyone.
3. I will sleep where assigned and realize that I will be with people I have never met before.
4. I understand that at bedtime, all lights must be out when requested and that there will be a bed check every night.
5. I understand that drugs, alcohol, or any tobacco products are NOT allowed during the Practicum and I also understand that if I am caught using drugs, alcohol, or any tobacco products, I will immediately be sent home AT MY PARENTS’ EXPENSE.
6. I understand that I will be held responsible for any damage that I have caused to Practicum equipment or to the Rio Mora National Wildlife Refuge facilities.
7. I understand that I will adhere to the established quiet time hours and the bed time lights-out hours established by the Practicum staff.
8. I understand that no water balloons or squirt-guns will be allowed.
9. I understand that NO Portable Music Devices and Cell Phones will be allowed. LEAVE THEM HOME OR THEY BECOME THE PROPERTY OF THE PRACTICUM.
10. I understand that NO Gang-related or Heavy Metal-related Clothing Will Be Allowed. ALL PANTS WILL BE WORN AT THE WAISTLINE.
11. I will adhere to all rules of the NAFWS Natural Resources Youth Practicum and the Rio Mora National Wildlife Refuge.

Signature of Student: ________________________________ Date: ____________________

PARENT/GUARDIAN: I have read, understand and agree with the above terms. Permission is given for my child to participate in all activities and events, and for my child to receive all necessary medical attention should the need arise, with the understanding that I will be contacted immediately. Furthermore:

1. I understand that the Native American Fish & Wildlife Society or their staff will not be responsible for any theft, injury, or illness where my child is concerned.
2. I give permission for any staff member to render first aid to my child if necessary.
3. I give my consent and permission for hospital staff to treat my child in the case of emergency, with the understanding that I will be contacted immediately.
4. I understand that my child will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.
5. I understand that no drugs, alcohol, or tobacco products are permitted and that if my child is caught with any of these substances, they will immediately be dismissed and I will be notified to immediately pick them up AT MY OWN EXPENSE.
6. I understand that as part of my child’s application, the STUDENT EMERGENCY INFORMATION FORM IS REQUIRED TO BE COMPLETED AND ON FILE.

Signature of Parent/Guardian: ________________________________ Date: ____________________

PICTURE RELEASE STATEMENT: I give permission for my picture to be taken in conjunction with the 2018 Southwest Native American Fish & Wildlife Society Natural Resources Youth Practicum and to be used in newspapers, magazines, videos and other media concerning the Practicum without monetary compensation.

Signature of Student: ________________________________ Date: ____________________

Signature of Parent/Guardian: ________________________________ Date: ____________________