



Skeena Native Development
Private Sector Summer Student Program

Application Intake Runs: March 1st to April 16th

(Application Submissions are ONLY accepted during this time, not year round)

Program Funding Covers: May 15th to August 31st

This program will be application driven only, and each application will be assessed based on merit, and available budget.

This program pertains to eligible business organizations in the private sector only. The program objective is to encourage youth to receive Private Sector Business work experience for the purpose of learning appropriate job skills. A maximum of 40 students will be placed in the Private Sector. The following outlines a list of the program criteria:

- Private Sector job placements will be eligible for \$8.00 per hour (plus 12% MERC – EI; CPP; 4% Vacation Pay and WCB costs). Employers are required to cover wages and will be reimbursed at a later date.
- Applications will be open to any private sector organization that is a legal entity, and all applicants will be expected to provide proof of legal status.
- Eligible student participants will be returning students between the ages of 15 through to 29, and all participants must have a **valid Social Insurance Number**.

The following documents must be submitted as part of the total application package, and no application will be treated as complete without any one of the following:

- *General Funding Application* (to be completed by Employer)
- Job Description indicating how the participants will receive career related job skills appropriate to the public sector job market
- *Participant Information Form* and *Assumption of Risk Form* (to be completed by Summer Student upon job placement)

Completed applications must be received in our office on or before **April 16^h of any given year**. *Should April 16th fall on a weekend please ensure all applications are post-dated, they will be processed on the following Monday.*
Late applications will not be considered.



Skeena Native Development Participant Information Form

The information requested in this form will be used by S.N.D.S. for the following purposes:

1. Determining the eligibility of the undersigned (The "Applicant") for resources, services and funding offered by S.N.D.S.;
2. Assessing the Employment Assistance Needs of the applicant and determining the appropriate intervention; and/or
3. Promoting the resources, services and funding offered by S.N.D.S., which may include the publication of the Applicant's name, age, the program in which the Applicant participated and the progress or success achieved by the Applicant in the program.

Part 1: Applicant Personal Information (please complete in Blue Pen)

_____		Sex (circle one)	M	F
Last Name		_____		
_____		Month	Day	Year
First and Middle Name		Date of Birth		
() _____	() _____	_____		
Home Phone	Work Phone	Social Insurance Number		
_____		Do you currently live on-reserve or off-reserve?		
Address		<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve		
_____		Do you have any Disabilities or Special Needs?		
City, Province,		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Postal Code: _____		_____		
What is your First Nations Ancestry?				

Name of First Nations Village?				

If receiving any of these benefits, please indicate:				
<input type="checkbox"/> Federal Social Assistance <input type="checkbox"/> Provincial Social Assistance <input type="checkbox"/> E.I. Benefits <input type="checkbox"/> Band Funding				
Please indicate your current Employment Status:				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed				
Did you Achieve your Dogwood Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____				
If not, what Grade level did you complete? _____ School: _____				
Have you previously been approved for S.N.D.S. programs? If so, please explain:				

Part 2: Sponsoring Employer or Organization

_____	() _____
Name of Business or Organization	Telephone Number
_____	_____
Address	Email Address
_____	_____
City, Province, Postal Code	Business Owner(s)
_____	_____
City, Province, Postal Code	Business Owner(s)



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Part 3: Statement by Applicant

The Applicant:

1. Certifies that the information contained herein is true, accurate and complete;
2. Agrees to inform SNDS of any material change in the Applicant's financial circumstances; and
3. Acknowledges that he/she is aware that the Applicant will receive a T4A slip for any financial assistance paid by SNDS in excess of \$500.00 and that it is the Applicant's responsibility to obtain a receipt of payment for the sponsored amounts from the recipient institution for the Applicant's Income tax purposes

Applicant Signature

Date

Part 4 – Consent to S.N.D.S. and Canada Sharing Information

The Applicant agrees and consents to SNDS sharing the information contained in this form with Human Resources and Skills Development Canada and Ministry of Society Development and Economic Security (collectively referred to as "Canada") and **All stakeholders**, for the purpose of enabling Canada:

1. to verify the Applicant's eligibility for, or entitlement to employment insurance benefits;
2. to monitor, assess and evaluate the effectiveness of the assistance provided with funding from Canada; and/or
3. to evaluate the results of all programs.

Any information provided to Canada is protected under Canada's *Privacy Act* and that the Applicant has a right under the *Privacy Act* to obtain access to that information from Canada.

The Applicant further agrees and consents to Canada sharing with SNDS the information that Canada has on the Applicant for the purposes of enabling SNDS to determine the Applicant's eligibility for resources, services and funding offered by SNDS, assessing the employment assistance needs of the Applicant and/or determining the appropriate intervention.

Applicant Signature

Date

Approved (SNDS)

Date



Skeena Native Development

Assumption of Risk, Release of Claims and Indemnity

1. The undersigned (the "Participant") assumes all risk of personal injury, death or property loss resulting from his/her participation in _____ (the "Program") offered by SNDS.
2. The Participant agrees that SNDS shall not be liable for any injury, death or property loss arising from the Participant's participation in the Program and does hereby for himself/herself, his/her heirs, executors, administrators, successors and assigns remise, release and forever discharge SNDS, and its officers, employees, servants, agents, contractors, successors and assigns, and each of them (collectively the "Releasee"), of and from any and all actions, causes of action, claims, suits or demands in respect thereto and waives all actions, causes of action, claims, suits and demands against the Releasee in respect thereto.
3. If the release and waiver provided by the Participant pursuant to paragraph 2 above is held to be unenforceable or invalid in respect of any action, cause of action, claim, suit or demand purported to be released or waived by the Participant, the release and waiver provided for in paragraph 2 shall be construed to exclude such action, cause of action, claim, suit or demand, and subject to the foregoing exclusion, paragraph 2 will not be affected.
4. The Participant shall indemnify and save harmless the Releasee from any cause of action, loss, cost or damage that the Releasee may incur or suffer, directly or indirectly, as a result of the Participant's participation in the Program.

IN WITNESS WHEREOF the Participant has executed this Assumption of Risk, Release of Claims and Indemnity as of the day and year first set out above:

EXECUTED in the presence of:

(signature of witness)

Print Name: _____

(signature of Participant)

Print Name: _____



Skeena Native Development

Assumption of Risk, Release of Claims and Indemnity -Parent/Guardian-

To be provided by a parent or guardian or the Participant if the Participant is under the age of 19 at the time of signing the Assumption of Risk, Release of Claims and Indemnity:

1. I am the parent or legal guardian of _____
(the "Participant"). I consent to the Participant participating in the _____
_____ (the "Program").
2. I agree that SNDS shall not be liable for any injury, death or property loss arising from the Participant's participation in the Program and I hereby for myself, my heirs, executors, administrators, successors and assigns remise, release and forever discharge SNDS, and its officers, employees, servants, agents, contractors, successors and assigns, and each of them (collectively the "Releasee"), of and from any and all actions, causes of action, claims, suits or demands in respect thereto and waives all actions, causes of action, claims, suits and demands against the Releasee in respect thereto.
3. If the release and waiver provided by the undersigned pursuant to paragraph 2 above is held to be unenforceable or invalid in respect of any action, cause of action, claim, suit or demand purported to be released or waived by the undersigned, the release and waiver provided for in paragraph 2 shall be construed to exclude such action, cause of action, claim, suit or demand, and subject to the foregoing exclusion, paragraph 2 will not be affected.

(Parent/Guardian's Signature)

Print

Name: _____

(Date)