



Skeena Native Development  
Public Sector Summer Student Program

**Application Intake Runs: April 1<sup>st</sup> to May 7<sup>th</sup>**

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

**Program Funding Covers: June 1<sup>st</sup> to August 31<sup>st</sup>**

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

This program pertains to eligible organizations in the not-for-profit public sector only. The program objective is to encourage youth to receive local government and not-for-profit public sector job experience for the purpose of learning appropriate job skills. The following outlines a list of the program criteria:

- Public 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 public sector (not-for-profit) 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**.
- All applications must demonstrate how the participants will receive career related job skills appropriate to the public sector job market.

**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 complete 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 **May 7<sup>th</sup> of any given year**. *Should May 7<sup>th</sup> 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	_____	_____	_____
_____	_____	_____	_____	_____
Address	Do you currently live on-reserve or off-reserve?	_____	_____	_____
_____	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	_____	_____	_____
City, Province,	Do you have any Disabilities or Special Needs?	_____	_____	_____
_____	<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)
_____	_____



# Skeena Native Development Participant Information Form

## 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)