



**LEECH LAKE BAND OF OJIBWE**  
**WORKFORCE DEVELOPMENT DIVISION**  
**WIOA PROGRAM**

(Workforce Innovation and Opportunity Act Pub. L. No. 113-128, 29 U.S.C. § 3101 et seq.)

# SYSP

**Supplemental Youth Services Program**  
**Summer Youth Employment Application**

## Applicant Eligibility

The Summer Youth Services Program (SYSP) is designed to provide employment, career exploration, and workforce readiness opportunities. To be considered for participation, applicants must meet the following eligibility requirements:

- Be between the ages of **14 and 18 years old**.
- Reside within the external boundaries of Leech Lake Reservation or within 25 miles.
- Be an enrolled member of a federally recognized Tribe, or a descendant of an enrolled member.
- Meet the WIOA Section 3(36) low-income requirement, including at least one of the following:
  - Be a member of a family whose income does not exceed the applicable WIOA low-income guidelines;
  - Receive or be a member of a family receiving SNAP, TANF, SSI, or other qualifying public assistance;
  - Be eligible for free or reduced-price school lunch;
  - Be homeless;
  - Be a foster child;
  - Be an individual with a disability whose personal income meets WIOA low-income standards.
- Provide all required documentation to verify age, identity, residency, Tribal affiliation, and other eligibility criteria as requested.
- Be available to participate in all required program activities during the designated program period.
- Comply with all program rules, policies, attendance requirements, and workplace expectations.

Priority for enrollment may be given to youth who face barriers to employment, including low-income youth, youth with disabilities, homeless youth, foster youth, justice-involved youth, pregnant or parenting youth, and youth requiring additional assistance to successfully complete their education or obtain employment.

**Proof of Low-Income Status:** Applicants must provide documentation demonstrating that they meet one or more WIOA low-income eligibility criteria. Acceptable documentation includes, but is not limited to, pay stubs, federal tax returns, W-2 forms, SNAP or TANF benefit statements, Social Security or Veterans Affairs benefit letters, free or reduced-price lunch verification, foster care documentation, homeless status verification, or other official documentation verifying income or public assistance status. Program staff may request additional documentation as needed to determine eligibility.

**Desired Position**

Please indicate the position you are interested in by checking the box next to the appropriate LLBO Division. Applicants are encouraged to review the attached list of available positions for specific information about a position’s Division, Duty Location, Potential Career Path, and Work Duties.

- Communications** (*Radio Station*)       **Youth** (*Gaa-Niigaaniziwaad*)
- Health Division** (*Elderly Nutrition*)       **Public Works** (*Tribal Roads*)
- Admin** (*Tribal Assistance*)       **Admin** (*Veteran Services*)

**Applicant Evaluation**

Responses to the following questions will be considered as part of the participant selection process. Applicants should provide thoughtful and complete answers. There are no right or wrong responses; however, answers will help supervisors evaluate an applicant's interest, commitment, and potential benefit(s) from participation in the program.

- 1.** Due to limited program openings, not all applicants will be selected to participate. Please explain why you would like to be selected for the Summer Youth Employment Program, what you hope to learn, and how this opportunity would benefit you, your family, or your community. *(Use additional paper as needed.)*

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- 2.** Tell us about a challenge you have faced and how you worked to overcome it. What did you learn from that experience, and how will it help you succeed in a work environment? *(Use additional paper as needed.)*

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### Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Gender: Male  Female  Selective Service: Yes  No   
*(If male and 18-25 years of age you must be registered with selective service to receive services from a federally funded program.)*

### Contact Information

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Secondary): \_\_\_\_\_

Email: \_\_\_\_\_

### Education Information

Graduated Highschool: Yes  No  G.E.D.: Yes  No  Highest Grade Completed: \_\_\_\_\_

Currently Enrolled in School: Yes  No  Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Activities: \_\_\_\_\_

### Work History

Please list any previous work history.

Year	Employer	Position/ Title	Duties

## Household Income Information

Circle all that apply: *"My family receives"*; TANF/MFIP SSI SNAP Free/Reduced School Lunch

**Household Members:** Please list all individuals who currently reside in your household and report each household member's gross monthly income from all sources. Income sources may include wages, self-employment earnings, unemployment benefits, Social Security benefits, Supplemental Security Income (SSI), retirement or pension payments, child support, alimony, public assistance, Veterans benefits, and any other recurring income.

Enter the Head of Household on the 1 <sup>st</sup> Line First/ Last Name	Age	Relation to Applicant	Monthly Income (All Sources)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*This information is required to determine the applicant's eligibility for the Summer Youth Employment Program and to verify whether the applicant meets applicable low-income eligibility requirements under the Workforce Innovation and Opportunity Act (WIOA). All information provided will be kept confidential and used solely for program eligibility determination.*

## Employment Barriers

Answer all the questions that apply to you:

Do you have any disabilities or limitations that would prevent you from participation in this program or obtaining employment? Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently experiencing homelessness? Yes  No

Have you ever been evaluated for chemical dependency? Yes  No

In Recovery: Yes  No  Chemically Dependent: Yes  No  Refer me to A&D: Yes  No

Are you currently in Foster Care? Yes  No

Do you require Assistance with Transportation? Yes  No

**Important information:**

**To the Parent/Guardian of a youth who has applied to WIOA SYSP Summer Youth Employment Program, your signature on this form indicates your permission:**

1. For your Son/Daughter or person under your Guardianship to participate in the WIOA SYSP Summer Youth Employment Program if selected and;
2. In the event your Son/Daughter or person under your Guardianship is injured, to allow the Leech Lake Reservation Tribal Council Staff to make provisions for medical assistance by a duly qualified, medical practitioner in the most expedient manner until you can be notified.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature** (*Applicants under 18*): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Required Attachments/ Application Checklist.**

The following attachments must be submitted with your 'Complete' Application.

- Applicant Identification** – Acceptable forms of Identification include: Tribal ID, State ID, School ID, Social Security Card, Birth Certificate or, Valid Passport.
- Parent Identification** – For all applicants under the age of 18.
- Household Income Verification** - Acceptable verification includes: Pay-stubs, Federal Tax Filing, W-2 Forms, SNAP or TANF Benefit Statements, Social Security or Veterans Affairs Benefit Letters, Free or Reduced-Price Lunch Verification.
- Liability Waiver (Form Attached)** – Signed by Participant and Parent/Legal Guardian.
- Parental Permission for Pre-Employment Drug Testing (Form Attached)** – Signed by Parent/ Legal Guardian.

**WIOA SYSP Contact Information**

LLBO WIOA SYSP Summer Youth Program  
120 Sailstar Drive NW  
Cass Lake, MN 56633

Phone: (218) 335 -3787 Fax: (218) 335 - 8309



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**Supplemental Youth Services Program (SYSP) Summer Youth Employment  
Liability Waiver**

I, \_\_\_\_\_, hereby acknowledge that participation in the Leech Lake Band of Ojibwe (LLBO) Workforce Innovation and Opportunity Act (WIOA) Supplemental Youth Services Program (SYSP) Summer Youth Employment Program may involve certain inherent risks associated with work-related activities. I understand that participants are expected to follow all applicable safety rules, policies, and instructions provided by LLBO and the assigned worksite.

In consideration of my participation, I, on behalf of myself and, if applicable, my participating minor child, voluntarily release, discharge, and hold harmless the Leech Lake Band of Ojibwe, its departments, employees, agents, and entities from any claims, demands, causes of action, damages, or liabilities arising out of or related to participation in the SYSP Summer Youth Employment Program, except to the extent caused by gross negligence, willful misconduct, or as otherwise provided by applicable law. This release applies to activities performed in connection with assigned job duties and responsibilities while participating in the program.

I acknowledge that I have read and understand this agreement and sign it voluntarily.

Participant Full Legal Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Nothing contained in this application, agreement, acknowledgment, release, or any other document associated with the Leech Lake Band of Ojibwe (LLBO) Workforce Innovation and Opportunity Act (WIOA) Supplemental Youth Services Program (SYSP) Summer Youth Employment Program shall be construed or interpreted as a waiver, express or implied, of the sovereign immunity of the Leech Lake Band of Ojibwe, its Tribal Council, departments, entities, agencies, officers, employees, or agents. All rights, privileges, and immunities possessed by the Leech Lake Band of Ojibwe are expressly reserved.

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WIOA Program  
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**Supplemental Youth Services Program (SYSP) Summer Youth Employment**  
**Parental Permission Pre-Employment Drug Testing Procedures**

As a condition to employment, any applicant who received a job offer for any position with LLBO will be required to submit and test negative to a drug and alcohol test before they are hired for that position.

Result and Findings for Pre-Employment:

- Negative test results - Applicant will be notified and can continue with the employment process.
- Positive test result - Applicant will have the opportunity to explain the reason for the positive test result, such as prescription drugs. If they cannot justify the positive results, they will not be offered employment with LLBO.

I, \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_ ("Participant"), hereby give my consent and authorization for my minor child to undergo a pre-employment drug and alcohol screening conducted by qualified personnel at the Leech Lake Band of Ojibwe's designated testing location as a condition of participation in the Leech Lake Band of Ojibwe (LLBO) Workforce Innovation and Opportunity Act (WIOA) Supplemental Youth Services Program (SYSP) Summer Youth Employment Program.

I understand that the purpose of the screening is to promote a safe, healthy, and drug-free work environment for all participants and worksite personnel. I acknowledge that all test results and related information will be maintained in accordance with applicable confidentiality requirements and program policies.

**I further understand and acknowledge that refusal to consent to or complete the required pre-employment drug and alcohol screening, or failure to comply with applicable program requirements regarding such screening, may affect my child's eligibility to participate in the Summer Youth Employment Program and may result in withdrawal of an offer of employment or removal from the program.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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