



The Youth Empowerment Program (YEP) provides eligible clients, ages 14 to 21 years old, with an opportunity to receive employability training services. Participants are placed at worksites for an 8-week period (up to 40 hours per week) and receive a pay rate of \$10.00 to \$12.00 per hour. An extension may be granted should the worksite request additional employment services and funding is still available. Only one service can be provided per 6 months. Participants who apply for the program must provide a recent grade report showing they are passing classes to be deemed eligible for the program. If a student is failing, they will be redirected to our CRT Program for tutoring or summer school. There will be an incentive award of \$10/hr. for seat time in tutoring sessions/summer school. **Participants must pass urine analysis drug screening.**

**Incomplete applications will not be accepted nor held.**

**\*All YEP applications processed on a first come, first serve basis\***

**Supporting Documentation Required:**

- ❖ **Picture Identification** (School Photo ID/OK DL/ State ID/Birth Certificate, Comanche Tribal Identification Card)
- ❖ **Tribal Enrollment** (Certified of Degree of Indian Blood Card or Tribal Census Letter)
- ❖ **Social Security Card** (Required for payroll processing; tribal letters with SS on it do not count)
- ❖ **Report Card** (Applicants are **required** to be enrolled in school; only one copy; **Official transcripts** for college students)
- ❖ **Direct Deposit Information**
- ❖ **Resumé** (if applicable)



**Questions or Concerns? Please contact us:**

OFFICE PHONE: 580-492-3257

OFFICE EMAIL: [Workforce@comanchenation.com](mailto:Workforce@comanchenation.com)

Revised: 2/10/2025



Comanche Nation Workforce  
 Mailing: P.O. Box 908/Physical: 1608 SW 9th St.  
 LAWTON, OK 73502 LAWTON, OK 73501  
 Office: (580) 492-3257

**YEP INTAKE RECORD**

REV 2/22/2024

**1 FOR OFFICE USE ONLY**  
**DATE & TIME OF INTAKE:** \_\_\_\_\_

<b>2</b> SOCIAL SECURITY NO. _____	<b>3</b> GENDER (Circle One) MALE FEMALE	<b>4</b> BIRTHDAY _____	<b>5</b> AGE _____	<b>6</b> LAST NAME _____	<b>7</b> TELEPHONE NO. _____
<b>8</b> MARITAL STATUS (circle one) 1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Common law		<b>9</b> EDUCATIONAL STATUS (circle one) 1. In School, H.S. or less 2. In School, Post H.S. 3. College Student 4. Home School 5. Not In School		<b>10</b> SCHOOL ATTENDANCE (circle one) 1. All Day 2. Full-Time 3. Part-Time 4. Not Attending school	
<b>11</b> TYPE OF SCHOOL (circle one) 1. Public Middle School 2. Public High School 3. Trade/Tech./Voc. 4. Jr./Community College 5. Four-Year University 6. Not Applicable		<b>12</b> Current Grade Now _____		<b>13</b> PRESENT EMPLOYMENT STATUS (CIRCLE ONE) 1. Employed A. Full-Time B. Part-Time C. Underemployed D. In need of services to be Self-Sufficient 2. Employed but received termination of employment or military separation 3. Not Employed, was employment sought within the last 28 days? [ No ] [ Yes ] LAST DAY WORKED _____	
<b>14</b> STREET ADDRESS (Residence) CITY _____ STATE _____ ZIP CODE _____		<b>15</b> U.S. CITIZENSHIP (circle one) 1. Citizen 2. Eligible Non-Citizen 3. Non-Eligible Non-citizen		<b>16</b> CULTURAL IDENTIFICATION (circle one) 1. American Indian 2. Alaskan Native 3. Native Hawaiian	
<b>17</b> TRIBAL MEMBERSHIP (circle one) 1. Yes-Tribal Affiliation: _____ 2. No 3. Not Known Tribal Enrollment #: _____		<b>18</b> VETERAN PREFERENCE (circle one) 1. Less than or equal to 180 days 2. Eligible Veteran 3. Other Eligible Person 4. Not a Veteran		<b>19</b> SELECTIVE SERVICE REGISTRATION (circle one) 1. Yes 2. No 3. Not Required to Register (Under 18 or Female)	
<b>20</b> PUBLIC ASSISTANCE (circle all that apply) 1. GA/BIA 2. TANF 3. SSI/SSA/SSDI 4. Food Stamps 5. Foster Child Payments 6. TWEP 7. Food Commodities 8. Veteran Benefits 9. None		<b>21</b> APPLICANT HOODIE SIZE (circle one) 1. S 2. M 3. L 4. XL 5. 2XL 6. 3XL 7. 4XL		<b>22</b> BARRIERS TO EMPLOYMENT (circle all that apply) 10. Below Grade Level 11. Homeless 12. Displaced Homemaker 13. School Drop-Out 14. Runaway 15. Youth Additional Asst. 16. Welfare Recipient 17. Learning Disability 18. Not Applicable	
<b>23</b> Youth Activity (Last 6 Months or Over – Activities include Community Services, Volunteer Services, Hobbies, Academic Accomplishments, Personal Accomplishments, Community Outreach, etc.): _____					
<b>24</b> DO YOU HAVE IMMEDIATE FAMILY MEMBERS EMPLOYED WITH THE COMANCHE NATION? IF SO, PLEASE INDICATE: No Family Members Employed: _____					
NAME: _____ RELATIONSHIP : ( ) Mother ( ) Father ( ) Sister ( ) Brother ( ) Son ( ) Daughter ( ) Spouse					
NAME: _____ RELATIONSHIP : ( ) Mother ( ) Father ( ) Sister ( ) Brother ( ) Son ( ) Daughter ( ) Spouse					
<b>ELIGIBLE FUNDING</b> (circle all that apply) 1. CNG 2. WIOA Adult 3. WIOA Youth 4. NEW 5. INELIGIBLE		APPLICANT SIGNATURE: _____ DATE: _____		CERTIFICATION OF PROGRAM ELIBILITY: (circle all that apply) 1. WE 2. CRT 3. YEP 4. OJT 5. SS 6. EE 7. INELIGIBLE	
PARENT/GUARDIAN SIGNATURE (if applicant is under 18 years): _____ DATE: _____		CERTIFIER SIGNATURE: _____ DATE: _____		REVIEWER SIGNATURE: _____ DATE: _____	

# Comanche Nation Workforce

## YEP Application

### General Information

Have you ever participated in the Youth Empowerment Program?  Yes  No

#### Employability Development Plan of the Y.E.P.

- To promote self-esteem and develop proper work ethics in the work environment.
- To introduce Native American Youth into the world of work and gain work experience.
- To introduce Native American Youth to new skills acquired at different worksites.
- To help students and youth determine their career objectives and plan for future goals.
- To establish a foundation of leadership, professionalism, and determination among youth.

#### Responsibilities of the Youth Empowerment Coordinator & Counselors

- Attitude, safety, punctuality, and appropriate dress will be greatly emphasized according to the corresponding worksites.
- Interest of individuals will be obtained for placement at worksites referencing their interest.
- Workshops will be available and utilized to promote the growth of personal, professional, career, leadership, and cultural development.
- Evaluations will be given during employment to ensure all participants are learning new skills and proper work ethics at corresponding worksites.
- Daily check-ups will be utilized to ensure that the participant is in attendance and completing his/her tasks/duties at corresponding worksites.

#### Responsibilities of the Youth

- ✓ Each participant will complete and sign the following documents for accounting and payroll purposes: **I-9, W-4 (may need parental guidance and understanding), MIS (x2)**
- ✓ Each participant will be expected to maintain a good attendance while at the worksite.
- ✓ Each participant will be expected to follow all rules and regulations related to the YEP.
- ✓ Each participant will be required to attend all Workshops that the program will offer.
- ✓ Each participant will be expected to fully complete the eight (8) week summer program.

**It is very important that you fulfill your program obligations. All items listed above will be discussed in full detail at the YEP Orientation, if applicant is accepted. Participants who are involved fully in school academics, sports camps, church camps, Driver's Education courses, summer family vacations, or any related matters during the summer, which may possibly hinder them from being at their worksite majority of their 8-week period, must decide if they choose the YEP fully and will be committed. If not, please allow another youth to have a chance.**

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_



Revised & Updated: 3/5/2025

# Comanche Nation Workforce

## YEP Application

### Emergency Contact

Participant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3<sup>rd</sup> Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Emergency Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



Revised & Updated: 3/5/2025

# Comanche Nation Workforce

## YEP Application

### Drug-Free & Alcohol-Free Policy

In order to ensure a safe, healthy, and productive drug-free/alcohol-free work environment for the youth of the Comanche Nation, to protect property and assets, maintain a favorable public image, and to ensure efficient operations, the Comanche Nation **PROHIBITS** the use of drugs/alcohol/smokeless tobacco/other drug paraphernalia.

Entry upon the premises of any Comanche Nation Tribal Entity or any other worksite assigned, being at work with drug paraphernalia or under the influence of alcohol, drugs/controlled substances, or any combination thereof, are **grounds for immediate dismissal**. Any YEP participant caught using or accepting any type of tobacco products, alcohol, or drugs will be **immediately terminated, NO EXCEPTIONS**.

#### **PRESCRIBED DRUGS:**

“The following are the prescribed legal drugs (drugs for which I have a prescription) which I routinely take, have taken, or ingested within the past thirty (30) days.”

**Please list drugs/medication with dosages, frequency, and date last taken or ingested.** If you do not have prescribed or legal drugs which you are required to take, simply put a check by “None Prescribed”. *Documentation from Hospital/Doctor required for prescribed medication, if needed or request by the Workforce Department.*

Prescribed (Please list): \_\_\_\_\_ None Prescribed: \_\_\_\_\_

Food Allergies or dietary Restrictions: \_\_\_\_\_

All youth participants are required to sign this statement declaring that **they are drug-free** and have read and agree to this policy. A COPY OF THIS POLICY WILL BE GIVEN TO EACH PARTICIPANT.

*“With my signature, I agree to adhere to the above policy of the Comanche Nation Workforce regarding drugs and alcohol. I understand that by signing this document, I will also submit to a drug test, prior to or at the YEP Orientation, before my entry into any worksite. I also understand that refusal, missed scheduling of drug test, or any violation of this policy is grounds for immediate dismissal and/or termination from the Youth Employment Program. A penalty period of one (1) year will be given before I may reapply which will be imposed upon violation of this agreement.”*

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

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



Revised & Updated: 3/5/2025

# Comanche Nation Workforce

## YEP Application

### Selective Service System

P.O. Box 94638

Palatine, IL 60094-4638

***Please check the option that pertains to you and sign***

Individuals participating in any program established under this Act are required to provide evidence that they have registered with the Selective Service Pursuant to Section 453 (a) of the Military Selective Service Act. This is applicable **only to male applicants born after December 31, 1959, who are between the ages of 18 and 26.** Therefore, all male applicants who are within the eligible age group must register with the Selective Service.

Below check one that pertains to you:

- I certify that I am not required to be registered with the Selective Service because:
- I am female
  - I am currently in the armed services on active duty.  
NOTE: Members of the Reserve and National Guard are not considered on active duty.
  - I have not reached my 18<sup>th</sup> birthday.
  - I was born before 1960.
  - I am a permanent resident of the Trust Territory of Northern Mariana Islands.
- I certify that I am registered with the Selective Service System.
- Service Number: \_\_\_\_\_

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

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

**\*Individuals needing registration can be done with the Intake Specialist.**

**\*\*Please attach a copy of online registration letter or a copy of Selective Service Card.**



Revised & Updated: 3/5/2025

# Comanche Nation Workforce

## YEP Application

### Interest Sheet

Interest Sheet **must be filled out completely** by the Youth Participant. If Interest Sheet is not filled out completely, the participant shall be assigned to a random worksite. By filling this form out, the Participant is helping the YEP Coordinator assign a position that the Participant can excel in, gain new work skills, and fully complete the Youth Empowerment Program. *Keep in mind, worksites are limited in some towns and the number of positions is limited and set by the Worksite Supervisor, so the Participant may or may not be assigned desired worksite, depending on these factors.* Also, Participants will be placed accordingly by their Interest Sheet and the information shared. Participants placed will not be shifted, transferred, or moved at the behest of their parents/guardians. Placement is final, unless deemed necessary to change by the YEP Coordinator or Workforce Director.

Name: \_\_\_\_\_ Town: \_\_\_\_\_ Age: \_\_\_\_\_

1) Did you participate in the YEP for 2024 year? If so, where were you placed?

\_\_\_\_\_

2) List any kind of job-related skills you possess (if any):

\_\_\_\_\_

\_\_\_\_\_

3) If you lack job skills or work experience, what type of duties would you prefer, if accepted?

\_\_\_\_\_

\_\_\_\_\_

4) If accepted, would you rather work inside or outside? Why?

\_\_\_\_\_

\_\_\_\_\_

5) If accepted, what are 3 career interests and worksites? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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# Comanche Nation Workforce

## YEP Application

### Interest Sheet Continued

6) Should your request of a worksite become unavailable, are you willing to try something new? If yes or no, please explain why.

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7) If accepted into the Youth Empowerment Program, how would you prefer to receive your letter? ***(Please make sure your email and mailing address is correct on the intake form)***

Email

Mail

8) Are you interested in participating in the Year-Round Aspect of the Program?

Yes

No

9) Please list any activities or subjects you would like to see at the workshops

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



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