



# Great Plains Indians Youth and Family Engagement Center Membership Application

**Membership Benefits:** Members will have access to the Youth and Family Engagement Center.  
*Note: For public safety, adults are not allowed to be at our center during afterschool or any youth programs.*

**This includes the following programs, please check the programs that you are interested in.**

\_\_\_\_\_ **Community Connect Program**, a mental health prevention program with access to:

- Care Coordination/Referrals
- Peer/Mentor Support
- Family Support
- Mental Health Support
- Housing Support & Rent Assistance
- Employment Supports
- Transportation services
- Food/Clothing/Hygiene & other essential needs
- Access to Tribal Resources/Communications

\_\_\_\_\_ **Cultural and Arts Programs for Families.** Transportation is provided to attend.  
Tribal Languages coming soon!

\_\_\_\_\_ **Cultural Recovery Programs** for men and one for women includes recovery, spiritual and cultural curriculums, talking circles, prayer and drum for healing. Transportation is provided to attend.

\_\_\_\_\_ **Youth Afterschool Programs** includes tutoring, cultural, recreational, life skills and leadership programs. Transportation is provided to attend.

\_\_\_\_\_ **Motherhood is Sacred Program.** Transportation is provided to attend.

\_\_\_\_\_ **Fatherhood is Sacred Program.** Transportation is provided to attend.

\_\_\_\_\_ **Holiday and Indigenous Events**

**Membership: Types and Eligibility includes:**

\_\_\_\_\_ Individual Membership: **18 and over.**

\_\_\_\_\_ Family Membership: **At least one parent or legal guardian and one child ages 12 and over.**

**Membership Application Process:** The membership application process includes completing this membership application form every six (6) months to ensure that we have the most current information and need to make changes to transportation services.

**Pre-registration Process by Program:** This includes completing the short online form that is accessible by going to [www.ndnadc.org/events](http://www.ndnadc.org/events) and clicking on the program of choice, then, click the link to “pre-register” for that specific program. If one program happens the one or more times per month, parents only need to fill out the online pre-registration form once for the whole month for the specific program. However, if parents would like to register into different programs, for example, afterschool tutoring and Wednesday afterschool program, then, the parent must complete the online pre-registration form for the afterschool tutor program once for the full month and the Wednesday Afterschool program once for the full month.

**For more information** regarding our youth and family programs or all other programs, please contact the Youth and Community Coordinator, Randi Hart [randi@ndnadc.org](mailto:randi@ndnadc.org) or Letise Morin [Letise@ndnadc.org](mailto:Letise@ndnadc.org) with questions or registration process. For general information about all of our resources and services, please contact Jamie at [jamie@ndnadc.org](mailto:jamie@ndnadc.org) with inquiries.

**Stay Informed!** Updates are made to our program flyers and monthly calendar are posted onto our NATIVE, Inc. Facebook and Instagram pages. We recommend that you sign up to receive direct email updates by signing up from our website: [www.ndnadc.org](http://www.ndnadc.org)

**Date:** \_\_\_\_\_

**Parents/Legal Guardians, please enter the information for each child.** *If you need to add more children, please write on the backside of this application.*

**Student Information #1**

First and Last Name: \_\_\_\_\_

Enrolled Tribe: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Student Information #2**

First and Last Name: \_\_\_\_\_

Enrolled Tribe: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Student Information #3**

First and Last Name: \_\_\_\_\_

Enrolled Tribe: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information**

I am the (check one):  Mother  Father  Legal Guardian

First, Last Name: \_\_\_\_\_

Do both parents live in home: Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's Email: \_\_\_\_\_

Legal Guardian Cell \_\_\_\_\_ Legal Guardian Email: \_\_\_\_\_

Special Needs Instructions for any members: \_\_\_\_\_

**In case of an emergency,:** First and Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

**Medical Information** (Please initial) \_\_\_\_\_ In case of an emergency or injury to my child(ren), I hereby authorize NATIVE, Inc. to provide first aid response for basic medical needs, (e.g., minor cuts, CPR, etc.). However, if it is a serious medical emergency matter, then, I understand NATIVE, Inc. will call me

emergency medical care and/or 911 immediately, then, notify me that my child needs to receive emergency medical treatment.

**Liability waiver** (Please Initial) \_\_\_\_\_ I hereby release, waive, discharge, and relinquish NATIVE Inc. drivers, staff, volunteers from any liability for medical, injury or accidents.

**Photo/Video Consent** (Please Initial) \_\_\_\_\_ I give my permission that any photo/video taken of my child by the NATIVE Inc. may be use for afterschool program promotions.

**Transportation** Does your child need our Transportation services to attend NATIVE, Inc. Programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you and your child(ren) need Transportation for appointments or other essential needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Referrals Section:**

**For Bismarck or Mandan School referrals, please circle and write in the first and last name of the school representative that referred you.**

Please circle: Cultural Coordinator, Success Coach, Counselor, Student Transition Coordinator:

\_\_\_\_\_ Other School Staff: \_\_\_\_\_

**For West Central or other behavioral health referrals, please indicate which agency referred you.**

Agency Name: \_\_\_\_\_

\_\_\_\_\_ Please place an "X" for Community Supervision referrals.

**For Human Service Zone CHIN referral, please indicate the first and last name of the representative referred you.**

First, Last Name: \_\_\_\_\_

**For Juvenile Court referrals, please indicate which Court Officer and name of program(s):**

- \_\_\_\_ Ryan Kudrna, CO III            701-328-6862    rkudrna@ndcourts.gov
- \_\_\_\_ Thomas Lamphear, CO II    701-328-6859    tlamphear@ndcourts.gov
- \_\_\_\_ Doug Sailer, CO II            701-328-6861    dsailer@ndcourts.gov
- \_\_\_\_ Jeremy Ward, CO II          701-328-6860    jward@ndcourts.gov
- \_\_\_\_ Jackie Presley, CO II        701-328-6854    jpresley@ndcourts.gov
- \_\_\_\_ Tausha Pfenning, CO I        701-328-6856    tpfenning@ndcourts.gov

**Program(s) Referred to:**

- \_\_\_\_ Youth (Life Skills) Program (grades 6-12)
- \_\_\_\_ Positive Action Program (grades 6-12)
- \_\_\_\_ Youth Social Night (grades 9-12)
- \_\_\_\_ North Dakota Indian Youth Leadership Academy (meetings and activities throughout year)
- \_\_\_\_ Regalia, Sewing, Beading, etc.
- \_\_\_\_ Family Programs
- \_\_\_\_ Other: \_\_\_\_\_

**\*Upon completion of program, concerns and/or lack of attendance please contact Court Officer.**

**Will you refer other people or families to become members?** Yes \_\_\_\_\_ No \_\_\_\_\_

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