

Yuut Elitnaurviat

P E O P L E ' S L E A R N I N G C E N T E R

Application for Sponsorship – Healthcare Programs

Name (Print): _____

Address: _____

Home phone: _____ Work phone: _____

Contact name & number for emergencies: _____

Secondary Education: *(Please attach a copy of your High School Diploma or GED)*

Name of High School City/State Diploma _____ GED _____ Year _____

Post Secondary Education: (College/University, VoTech, Military)

Name of College City/State Degree/Year and/or credits

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Have you ever been convicted of a felony?

Yes

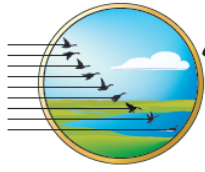
No

If yes, please give a brief explanation: _____

References: Please list the two individuals who will be submitting letters of reference. These should be people you have dealt with in a professional basis (i.e. instructor or employer). Forms are enclosed, and may be mailed separately to the Yuut Elitnaurviat Office.

1. _____
Name Position Telephone Number

2. _____
Name Position Telephone Number



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Work History: Begin with the most recent position, including your volunteer work (A resume may also be attached).

Date of Employment

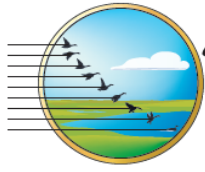
Employer

Job Title/Responsibilities

I certify that all information provided in this application is accurate and true to the best of my knowledge. I acknowledge that should I give any misleading information, my application may be disqualified from consideration of a training program.

Signature

Date



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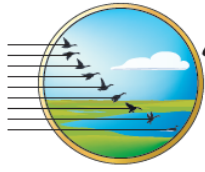
Authorization of Release of Information and Release from Liability

I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies, and I authorize those in authority to release such information, as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had opportunity to ask questions regarding any aspect of this application, and that I accept the above items.

Signature

Date



Yuut Elitnaurviat

P E O P L E ' S L E A R N I N G C E N T E R

Consent and Release Form

I hereby consent to the use, editing, and release of my likeness and/or voice in one or more video recordings, sound tracks, films, photographs, written articles or recordings to Yuut Elitnaurviat, UAF – KuC, and their Sponsors. I waive any and all claims resulting from such use, sale, editing and release to the newspapers and/or television stations/channels or newsletters.

Name (Print) _____

Signature _____

Date _____