

# 2019 BBEDC Youth Internship Application

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## APPLICATION CHECKLIST:

BBEDC accepts Youth Internship Program applications from CDQ residents who meet all eligibility requirements. The requirements of eligibility are:

- Complete BBEDC Youth Internship Program Application
- Provide a copy of Alaska state ID or driver's license
- BBEDC Residency form (located on homepage under Quick Links ([www.bbedc.com](http://www.bbedc.com)), and a copy of your **Alaska ID or driver's license along with one of the following:**
  - 2018 Alaska Permanent Fund Dividend records (<https://pfd.alaska.gov>)
  - Current rent receipt, electric/fuel bill, or other proof of maintaining a home in a BBEDC CDQ community
  - Most recent employment or unemployment records (ex. W-2, check stub, statement)
  - Recent TANF, Food Stamp benefit award letter, or BBNA Heating Assistance approval letter
  - Voter registration card/letter
- Provide two letters of recommendation
  - (1) Professional (work or school related)
  - (2) Personal (cannot be spouse or relative)
- Letter of Interest that includes:
  - (1) Some background information about you.
  - (2) What are your interests?
  - (3) Why should you be selected for this internship?
- Release of Information Form
- Relationship Disclosure Form (located on homepage under Quick Links ([www.bbedc.com](http://www.bbedc.com)))

**Note: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.**

PO Box 1464 ♦ Dillingham, AK 99576 ♦ Phone: (907) 842-4370 or (800) 478-4370  
Fax: (907) 842-4336 or (888) 325-4336 ♦ Website: [www.bbedc.com](http://www.bbedc.com)

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**Position(s)** \_\_\_\_\_

How did you learn about this program?

Liaison Website BBEDC Program Other Describe Other  
 Staff Directory

Last Name:		First Name:		MI:	Date of Application:
Address:		City	State	Zip Code	Home Phone Number:
Birth date:	Email Address:			Cell Phone Number:	

## Employment History

<b>Last or Present Employer:</b>		Nature of Business:	Job Title:
Address:		Phone Number:	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name:		Phone Number:	
Base Salary:	Dates Worked: From: _____ To: _____		Reason for Leaving:
<b>Past Employer:</b>		Nature of Business:	Job Title:
Address:		Phone Number:	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name:		Phone Number:	
Base Salary:	Dates Worked: From: _____ To: _____		Reason for Leaving:

## Educational History

School Name	City/State	Dates Attended		Graduation Date
		From	To	
High School				

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## *Outside Activities*

*School Activities / Awards:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Current Certificates and/or licenses (i.e. driver's license, CPR card, etc.):* \_\_\_\_\_

*Past or Present Civic or Cultural Activities – Include offices held:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Principal Hobbies:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please list other skills and/or equipment/language experience you have acquired:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *References (other than family members)*

<i>Name</i>	<i>How do you know this person?</i>	<i>Phone Number</i>	<i>Occupation</i>

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

**Letter of Interest:**

Please include a letter of interest that is at least 250 words. Your letter of interest should give us some background information about you, what your interests are, and why you should be selected for this internship.

**Why did you apply for this program and how will it assist you?** \_\_\_\_\_

\_\_\_\_\_

*An Equal Opportunity Employer: We are an equal opportunity employer, and we do not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purposes.*

*I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.*

\_\_\_\_\_  
*Signature*

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

# 2019 BBEDC Youth Internship Program

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## Bristol Bay Economic Development Corporation (BBEDC)

### CONSENT AND RELEASE FOR USE OF PHOTOGRAPHS, VIDEO/AUDIO AND WRITINGS

Program: Youth Internship

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

I, the undersigned, hereby grant BBEDC permission to take photographs and video and audio representations of me. I hereby irrevocably consent to and authorize the royalty free use and reproduction by BBEDC, or anyone duly authorized by BBEDC, of any and all such photographs (including negatives) and video/audio representations, and any and all writings by me for any legitimate purposes, including but not limited to advertising, trade and editorial purposes, at any time in the future in all media now known or hereafter developed, throughout the world. I also consent to the use of my name in connection with such photographs, video and audio representations and writings under the same terms.

I acknowledge that I may receive compensation from BBEDC for my participation in connection with the photographs, video/audio representations, and any and all writings. I agree that I shall have no right of approval, no claim to any further compensation, and no claim arising out of the use, alteration, distortion or illusionary effect or use in any recording or broadcast of my representation

I hereby release, indemnify and hold harmless BBEDC and its officers, directors, agents, and employees from any and all claims which may result at any time by reason of the use of my image, video and audio representations, writings and name, including, without limitation, claims of privacy. My heirs, executors, administrators, and assigns shall be bound by this consent and release.

#### IF SUBJECT IS OF LEGAL AGE:

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

#### IF SUBJECT IS NOT OF LEGAL AGE:

I represent that I am the parent/guardian of the above named person who is \_\_\_\_\_ years old. I hereby consent to the foregoing on my own behalf, and on his/her behalf, relinquish and assign all rights, title, and interest, if any, in said photographs, and release, indemnify, and hold harmless BBEDC and its officers, directors, agents, and employees from any and all claims which may result at any time by reason of their use.

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_

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