

The American Indian Recruitment Program - AIR

AIR Application

This application to the American Indian Recruitment Program is the basis on which each applicant is evaluated. Though exceptions may be made, application should be currently enrolled high school students, grade 9-12, or middle school students, grade 6-8. Summer Program will be open to younger students. All applications are confidential.

Application for Program: AIR Sr. AIR Jr. AIR Tutorial Other: _____

Student Information (Please Print)

Name: _____

Address: _____

City: _____

Home Phone Number (Please include Area Code): _____

Email Address: _____

High School/Middle/Elementary School Attending: _____

Age: _____ Date of Birth: _____ Male Female

Current Year in School (Check One) Senior Junior Sophomore Freshman

Other: _____

What is your current school schedule (Date/Semester/Quarter): _____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

What are your two most difficult subjects?:

1. _____ 2. _____

Name: _____
Student Information-Application

Parent or Legal Guardian Information

Name of Parents or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Number: _____ Secondary Number: _____

Email Address: _____

In case of emergency, we will contact the Primary contact number and then the secondary number (in that order). Are there any other numbers and persons whom you will want us to contact beyond those numbers?: _____

Contact the AIR Program at our
Email address:
info@airprograms.org

The AIR Program does not discriminate based on sex, sexual orientation, color of skin, religious background, nor ethnic background. The AIR Program is a 501(c)(3) non-profit organization that is funded through public and private donations and grants.

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AIR General Application P2

Are you participating in any other programs or after-school activities? If yes, please list: Yes No

What are your thoughts on College? _____

What type of profession do you see yourself working in as an adult and does it require higher education? _____

Have you discussed College requirements with a counselor, teacher or family members/etc? : _____

Has anyone in your immediate family ever attended college? Yes No

Please tell us about yourself. Include what your interests are and why; (ie: what your favorite subjects are and why; where you like to go on vacation and why, or anything that may say something about yourself). Use additional paper if needed.

This application is not complete without signature of your Parent or Legal Guardian, giving their permission for you , the applicant, to attend our mentoring/tutoring program. The AIR Program reserves the right to materials developed within the program itself, including research, video and photos for further use. By signing this application, the Applicant and Parent /Legal Guardian gives their consent to the AIR Program to use such materials within the scope of the program for present and future use. By signing this application, the Applicant and Parent/Legal Guardian understands the nature of this program and the current schedule and allows applicant to participate within those activities.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

(Note: you may choose to bring your application with you to our first meeting)

To contact the AIR Program:
Email: info@airprograms.org



You can Email or send Applications to:
AIR Programs
PO Box 880471
San Diego, CA 92168



PARENTAL TRANSPORTATION NOTIFICATION, LIABILITY WAIVER, AND MEDICAL INFORMATION FORM

We, the parent or guardian of (Child's name): _____ permit our son/daughter to attend the (AIR Sr./Jr/Summer) at SDSU/USD/UCSD/other, being planned by the AIR Programs in accordance with our posted schedule at www.airprograms.org. The purpose of these trips are for inclusion of an academic after-school program for Native American Youth.

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, the AIR Program, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child will be assigned to ride with a licensed adult driver, driving a privately-owned automobile, or bus and that this assignment will be made by the aforementioned AIR Program along with partnered Tribal Education Center, as applicable.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent or volunteer in charge or by AIR Program personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the AIR Program member in charge or adult chaperone(s) to secure proper treatment for my son/daughter.

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE THAT PARENT(S)/GUARDIAN(S) MUST COMPLETE, SIGN AND DATE THIS DOCUMENT

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child. Initial: _____

MEDICATIONS: My son/daughter must take the following medications at times during the AIR Programs: List medications and dosage: _____

AIR Programs will take no responsibility for the administration of this medication in accordance with this waiver. If your child has special needs, please contact the AIR Program for individual arrangements.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to the AIR Program, it's officers, directors and agents, and representatives, volunteers and employees of either our partnered agencies (example: Tribal Educational Centers) and chaperones or representatives associated with this event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

Parent/Guardian Name (Please Print): _____

Address: _____ City/Reservation/Town: _____

Contact Phone: _____ Email: _____

Secondary Phone (cell/work): _____

Name of an Alternative Contact: _____ (relation to family): _____

Alternative Contact's phone number: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact (**optional**):

FAMILY DOCTOR: _____ Telephone: (_____) _____

FAMILY HEALTH PLAN CARRIER : _____

Insurance Policy Number: _____

AMERICAN INDIAN RECRUITMENT (AIR) PROGRAMS
PO Box 880471
San Diego CA, 92168
info@airprograms.org

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Devon Reed Lomayesva, Esq.
(Ipaay Nation of Santa Ysabel)
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Dwight K. Lomayesva
(Hopi Tribe)
Executive Director

American Indian Recruitment (AIR) Programs
P.O. Box 880471 ~ San Diego, CA 92168
www.airprograms.org ~ info@airprograms.org

August 31, 2011

Dear Parent or Guardian,

We are conducting survey evaluations at the beginning and end of the AIR program as a way of assessing the effectiveness of our program in meeting goals to enhance cultural identity, self-esteem, and motivation toward higher education. These evaluations will help us strengthen the AIR program and communicate its effectiveness to funding agencies and to the education community. For most of the surveys, students and mentors used a 10-point scale to rate their level of agreement with particular statements (e.g., I know a lot about my culture, I will go to college or university when I am an adult).

These surveys will be anonymous and confidential, and students will be assured that there are no “right or wrong” answers. If you consent to having your child complete these evaluations, please sign and date the attached consent form. Students will also be given an opportunity to decide whether they want to complete the surveys. All participation in these evaluations is voluntary.

These evaluations are conducted in collaboration with Dr. Sara Unsworth from San Diego State University. For questions about evaluations or the consent form, you can send an email to the AIR program at info@airprograms.org or to Sara Unsworth at unsworth@sciences.sdsu.edu.

Thank you so much, and we look forward to another wonderful semester!

Sincerely,

A handwritten signature in dark ink, appearing to read 'DKL', with a horizontal line extending to the right.

Dwight K. Lomayesva, Executive Director
Executive Director, American Indian Recruitment (AIR) Programs

“Our Mission is the Promotion and Success of American Indians within Education”

AIR Programs is a registered 501(c)(3) non-profit organization

San Diego State University
Consent to Act as a Research Subject (Parent Consent Form)
Project Title: Sharing the Land: Fostering Further Success in Building Tribal Earth Science
Expertise

Your child is being asked to participate in a research study. Before you give your consent, it is important that you read the following information carefully and ask as many questions as necessary to be sure you understand what your child will be asked to do.

Investigator: Sara J. Unsworth, PhD, Department of Psychology, San Diego State University

Purpose of the Study: Your child is being asked to volunteer for a research study that looks at people's informal notions of nature. Your child is being asked to be in this study in order to help us understand how people think about nature, and whether there are differences in how people think about nature. Five hundred children will be participating in this study.

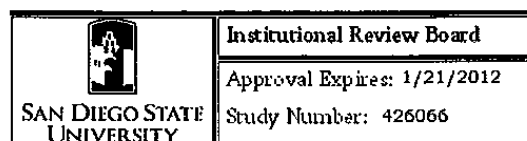
Description of the Study: Your child will be presented with pictures, objects, and verbal descriptions of different kinds of things that may be related to nature and will be asked to answer questions about them. There are no right or wrong answers. Instead, we're interested in how **your child** sees things. This will take about 30 minutes. The research will take place during the American Indian Recruitment program.

What is Experimental in this Study: The pictures, objects, and verbal descriptions might be different for different participants, and responses may be influenced by these differences. The only other aspect of this study that is experimental in nature is the gathering of information for the purpose of analysis.

Risks or Discomforts: Potential risks associated with participating in this study are minimal. All recordings will be confidential and anonymous (names will not be associated with any aspect of the recordings or of any other kinds of responses) and will be stored securely in locked cabinets and password protected computer files. Your child may discontinue participation either temporarily or permanently at any time.

Benefits of the Study: Your child's participation in this study may aid in our understanding of the informal ways people think and reason about nature. There may be no direct benefit to your child by his or her participation in this research study.

Confidentiality: Confidentiality will be maintained to the extent allowed by law. Unless required by law, only the study investigator, members of the investigator's staff, and the San Diego State University Institutional Review Board will have authority to review your child's study records. They are required to maintain confidentiality regarding your child's identity.



Research files will be stored in locked cabinets and password protected computer files, and will be destroyed after data analysis is completed or after 5 years, whichever occurs first.

Results of this study may be used for teaching, research, publications, or presentations at scientific meetings. If your child's individual results are discussed, your child's identity will be protected through the use of a study code number – your child's name or any other identifying information will be eliminated from the data files.

Incentives to Participate: Children participating in this study will not receive monetary compensation for their participation.

Voluntary Nature of Participation: Participation in this study is voluntary. Your choice of whether or not to your child will participate will not influence your future relations with San Diego State University and San Diego State University Foundation. If you decide to consent to your child's participation, you are free to withdraw your consent and your child is free to stop his or her participation at any time without penalty or loss of benefits to which you and your child are allowed.

Questions about the Study: If you have any questions about the research now, please ask. If you have questions later about the research, you may contact Sara J. Unsworth (telephone: 619-594-1327; email: unsworth@sciences.sdsu.edu).

If you have any questions about your rights as a participant in this study, you may contact the Division of Research Affairs, San Diego State University (telephone: 619-594-6622; email: irb@mail.sdsu.edu).

Consent to Participate: The San Diego State University Institutional Review Board has approved this consent form, as signified by the Board's stamp. The consent form must be reviewed annually and expires on the date indicated on the stamp.

Your signature below indicates that you have read the information in this document and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to allow your child be in the study and have been told that you can change your mind and withdraw your consent to allow your child to participate at any time. You have been given a copy of this consent form. You have been told that by signing this consent form you are not giving up any of your legal rights.

Name of Child (please print)

Signature of Parent/Guardian of Participant

Date

Signature of Investigator

Date

