



2009 OJJDP National Tribal Youth Leadership Conference

Youth Participant Nomination Form (1 of 2)

OJJDP is asking for TYP Program Coordinators to please identify and nominate two (2) youth and 1 chaperone from their tribe to attend the OJJDP National Tribal Youth Leadership Conference. Those nominated youth will be given the opportunity to learn leadership, health and wellness, and life skills, participate in group activities such as soccer, swimming, and social dancing, all while sharing their tribal culture and customs with other tribal youth from across the country.

Youth nominees should be between the ages of 11 – 17 and demonstrate the following:

- Current participation in OJJDP funded Tribal Youth Programs
- A willingness to participate in group sports/activities
- An interest in sharing and participating in tribal cultural exchange/activities
- A commitment to sobriety and no-tobacco use
- Youth should have an interest in and could benefit from youth leadership and life skills training

Youth Nominee:

Name: _____ Gender: male female

Birth Date: _____ Age: _____

Tribal Affiliation: _____

Address: _____

Has this youth participated in your tribe’s Tribal Youth Programs within the past 6 months? yes no

Parent/Guardian Information:

Name of Parent/Guardian: _____

Phone (including area code): (h) _____ (w) _____

Email of parent / guardian: _____

Name of Nominator:

Name: _____ Title: _____

Phone: _____ Email: _____

Please describe why you think this youth would benefit from as well as enjoy participating in the OJJDP National Tribal Youth Leadership Conference. (Attach additional page if necessary)



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Youth Participant Nomination Form (2 of 2)

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• Youth should have an interest in and could benefit from youth leadership and life skills training

Youth Nominee:

Name: _____ Gender: male female
Birth Date: _____ Age: _____
Tribal Affiliation: _____
Address: _____

Has this youth participated in your tribe's Tribal Youth Programs within the past 6 months? yes no

Parent/Guardian Information:

Name of Parent/Guardian: _____
Phone (including area code): (h) _____ (w) _____
Email of parent / guardian: _____

Name of Nominator:

Name: _____ Title: _____
Phone: _____ Email: _____

Please describe why you think this youth would benefit from as well as enjoy participating in the OJJDP National Tribal Youth Leadership Conference. (Attach additional page if necessary)



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Chaperone Information Form

Both youth must be chaperoned by at least 1 adult (21+). Chaperones are required to submit **background checks** recognized by state, provincial, territorial or tribal government **AND** copies of a **valid driver's license/state ID**.

Chaperone Nominee:

Name: _____

Tribal Affiliation: _____

Address: _____

Phone (including area code): (h) _____ (w) _____

Email: _____

Has this chaperone completed state/tribal background checks? yes no

Is this chaperone a parent or relative of either of the two nominated youth? yes no

Please describe the relationship this person has to the youth.

All information must be emailed to info@tribalyouthprogram.org or faxed to 617-969-5951 by July 10, 2009.