

# 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.

# The American Indian Recruitment Program - AIR

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](mailto: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](http://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, its 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](mailto: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. Its accounting is a legal responsibility of the AIR Programs Board.