

Southern Ute Indian Tribe
Department of Education



Sunshine Cloud Smith Youth Advisory
Council Application Packet

Council Approved December 3, 2013

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Welcome



Welcome to the Southern Ute Indian Tribe's Sunshine Cloud Smith Youth Advisory Council application process. As a Southern Ute Tribal Member, you are eligible to run for a selected member of the Youth Council.

The purpose of the Youth Council is to provide Southern Ute students, ages 11-17, with a leadership program that creates awareness for our youth on community issues. The SCSYAC Council members are the voice of the Southern Ute youth that may make proposals to Tribal Council. To be a member, students must write a letter of interest, fill out this application packet, participate in all meetings, attend all leadership training activities, be willing to learn and take part in more cultural activities as well as maintaining good grades in school. The Leadership Program provides college and career exploration opportunities. Once elected, members must provide a positive attitude and be a liaison for the Southern Ute Education Department. Tribal Council appoints the SCSYAC Council members. Members may reapply for multiple terms.

Sunshine Cloud Smith

Born October 20, 1916 to Edwin Cloud (Capote Band) and Ruth Nash (Mouache Band) in Ignacio, Colorado and was the youngest of five children (Julius, Minnie, Clara, Ralph and Jenny). She graduated from Haskell Indian School and returned back to Ignacio. After returning Sunshine worked for the Taylor hospital (now the Mouache/Capote Building) as a Ward Attendant. After attending the University of New Mexico in Albuquerque, New Mexico, and graduated with her business degree. Once she graduated Sunshine returned to Ignacio and was sent to work in the hospital in Towaoc, Colorado. She then transferred back to Ignacio to work as a dorm matron for the little girls at the Boarding School.

Sunshine met her husband, Thurman (Diamond) Smith and moved to Muncie, Indiana. She went to work for Owens Glass Factory when World War II had started. Sunshine and her friends decided to enlist in the military thinking that they would not get accepted. In July 1944, Sunshine was surprised that she was to report to Fort Des Moines for basic training in the U.S Women's Army Corps (WAC). She was sent to Staten Island, NY for training as a Surgical Tech and assigned to Rhodes General Hospital in Utica, NY. When discharged in December of 1945, Sunshine had earned the rank of Technical Sergeant and the Victory Medal, American Theater Ribbon and the Good Conduct Metal. Later in her life she was the first Adjutant for the Indian American Legion, Taylor-Washington Box Post 36.

Sunshine, her husband and daughter moved around the west before returning back to Ignacio where they started the Red Feather Café in Ignacio and later the El Amigo Café. In 1952 Sunshine was appointed to the Tribal Council. The council taking a new direction had a big job on their hands. The Council had to move out of the BIA office and get an office of their own. They had to decide how to get the tribe to prosper and thrive with what little resources they had available. The Council wanted to improve the lives of their people not only for the present but for the future.

Sunshine was an advocate for children and fought to get the Southern Ute Head Start program. She was the President of the PTA, took care of several foster children throughout her years, opened her house up to anyone who needed a place to stay, and raised her own four grandchildren.

Sunshine also fought to preserve the heritage, culture, language and integrity of the Utes. In her later years, Sunshine was on the Ute Language Committee that wrote the first Ute Language Dictionary and was a member of the Committee of Elders.

Throughout Sunshine's life she received many awards. Sunshine was honored to receive the Women of Color United Award in April 1989, when she received the award she was most surprised to have her picture in mosaic tiles on the outside of Denver Convention Center.

All through her life, Sunshine loved to do beadwork that her mother and older sister, Minnie, had taught her when she was a little girl. She made many items but her beaded butterflies were the most requested items. She passed through this world on December 21, 2002.

Eligibility Criteria and Procedures

1. Criteria

- A. All applicants must meet the following requirements:
1. Enrolled in the Southern Ute Indian Tribe;
 2. Attend school, participate in an accredited homeschool program, or completing their GED;
 3. Be between 11-17 years of age by February 1st. If the applicant is 17 years of age and will turn 18 during their term, the applicant can serve until the following February 1st.
 4. Follow the By-Laws.
- B. Applicants must submit all required documents to the **Southern Ute Education Department by February 2nd.**

2. Procedures

Submit the following to the Southern Ute Education Department:

1. Completed application packet.
2. A one-page letter no less than 300 words addressed to the Southern Ute Indian Tribal Council that discusses your goals, hopes, aspirations, and desired accomplishments as a Youth Council member.
3. A letter of recommendation (but not from family, friends, or Education Department staff)

Leadership in Education Registration/Participation Form

Name of Student _____

Mailing Address: _____ Email: _____

Home phone #: _____ cell#: _____

Age of Student: _____

Birth Date: _____

Participation Agreement

- The purpose of my participation in any Leadership in Education event is for my personal education, enjoyment, or any other personal reason.
- I agree that the Leadership in Education is a tobacco (cigarettes or chew), alcohol, violence, and drug free event.
- I agree that absolutely no firearms or weapons are allowed.
- I will listen with respect to the speakers and other participants and not use cell phones, or mp3 players and keep my cell phone OFF during the program.
- I will respect my peers, the chaperone(s), and the Leadership in Education staff, physically, mentally, emotionally and spiritually.
- I will dress respectfully in appropriate attire (i.e. no hats, rags, or gang paraphernalia).
- I will not use foul language, gang signs, or gestures.
- I will attend workshops and planned events.
- I will represent my school, Tribe, and family in an honorable and respectable manner.

The Southern Ute Tribe is honored by your participation in the 2018 Leadership in Education and when everyone follows the guidelines above, we will have a safe and fun time. Violation of these guidelines will result in your immediate dismissal from the trip at your parent's expense.

____ I am signing this agreement on behalf of a minor Participant. I acknowledge that I am the Parent/Legal Guardian of the Participant and that I understand the terms of this agreement.

Signature of Participant Date: _____

Signature of Parent/Legal Guardian Date: _____

SOUTHERN UTE INDIAN TRIBE OFFICIAL WAIVER, HEALTH, AND CODE OF CONDUCT CONTRACT

I understand that participation in the above activity is voluntary and is not required as part of any regular school program. I understand and agree that, in consideration of my voluntary participation, I will hold the Southern Ute Indian Tribe, its officers, employees, and agents harmless from all liability and claims arising in connection with my participation in this activity. I release the above-named sponsors from all liability arising in connection with the above-described activity.

If my child needs medical attention, I understand every effort will be made to contact me. I hereby permit the medical personnel selected by the person(s) in charge of this field trip to order x-rays, examinations, routine tests, treatment, to release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby permit the physician selected by the person(s) in charge of the trip to hospitalize, secure emergency treatment for, to order injection, anesthesia, and surgery for my child or me as named on this form. I will assume all financial obligations incurred if not covered by insurance.

PLEASE READ THE STATEMENTS ON BOTH SIDES OF THIS SHEET

Participant's Name _____
Last
First
MI
County

PO Box or Street Address _____
City
State
Zip Code
Social Security #

Medical Insurance Carrier: _____ Policy #: _____

Name and phone number of physician:			Date of last Tetanus shot:		
Is participant currently under medical treatment? (describe)	Yes	No	Is participant diabetic?	Yes	No
Does participant have any history of respiratory illness? (describe)	Yes	No	Is participant subject to seizures of any kind?	Yes	No
Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?	Yes	No	Name of all medications:		
Does participant have dietary restrictions? If yes, please describe:	Yes	No			
Has participant had recent surgical operations or accidents or exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the trip)	Yes	No	Does participant have allergies: Please describe:	Yes	No

Emergency Contact:

 Name Relationship Daytime phone Evening phone Cell phone
 1st Alternate Emergency Contact:

 Name Relationship Daytime phone Evening phone Cell phone
 2nd Alternate Emergency Contact:

 Name Relationship Daytime phone Evening phone Cell phone

I HEREBY AGREE that the student participant/adult participant will comply with all of the above statements as well as the "Responsibilities of the Student Participant listed on the back of this page.

 Signature of student participant or adult participant Date

 Signature of Parent/Legal Guardian, if student under 18 years Date

 Signature of both parents requested, if student under 18 Date

CODE OF CONDUCT CONTRACT

The participants, parents, or legal guardians of minor participants of this Youth in Action shall be required to follow the Code of Conduct, set forth as follows:

I hereby pledge to be responsible for my words and actions while attending or participating in the Leadership in Education 2018 event and will conform my behavior to the following code of conduct:

1. I will complete this trip waiver form and return it to the committee before leaving on the trip
2. I agree to travel to and from the event in the transportation provided or agreed to by the committee. I agree to meet at designated times and locations for departure. Failure to do so may result in the group's departure without me. All students must attend all classes and required activities.
3. I am responsible for my personal items that I may bring (it is not recommended to bring "valuables").
4. I will not engage in any behavior that could endanger the health, safety, or well-being of any parent, participant, or attendee. I will not encourage my child, or any other person, to engage in any behavior that would endanger the health, safety, or well-being of any parent, participant, or attendee.
5. I will not use drugs or alcohol. I will not permit my child, or encourage anyone else, to use drugs or alcohol at a youth sports event.
6. I will not swear or encourage anyone else, to do so.
7. I will treat all attendees with respect, regardless of race, creed, color, national origin, sex, sexual orientation, or ability. I will encourage my child to treat everyone with respect.
8. I will not verbally or physically threaten or abuse any attendee. I will not encourage my child, or anyone else, to verbally or physically threaten or abuse attendees.
9. I will not initiate a fight or scuffle. I will not encourage my child, or anyone else, to initiate a fight or scuffle with anyone.
10. Students are responsible for reading, understanding, and following these policies.
11. When away, curfew is 10:00 PM and lights must be out at 11:00 PM. Quiet hours are from 11:00 PM to 7:00 AM.
12. Students may not leave campus or the hotel at any time, unless accompanied by a staff member or parent/legal guardian with prior approval.
13. I will abide by any decision rendered by the Code of Conduct Committee or the sponsors of this trip.
14. I will be responsible for the behavior of all those attending this event on my child's behalf.

Participants Signature

Date

Parent or Legal Guardian Signature if participant is under 18

Date

****If participant is under 18 both signatures are required when submitting form.
No registration will be processed without properly completed forms.**

PLEASE READ CAREFULLY BEFORE SIGNING

Agreement for Assumption of Risk, Waiver and Release of Liability, and Indemnification

In consideration of allowing my child to participate in the 2018 Leadership in Education, I agree as follows:

- 1. Assumption of risk.** Inherent dangers exist with the Program that cannot be eliminated and may increase when minors participate. . The risk of serious personal injury or death from participation in the Program may be very high and includes risks associated with the transportation of minors.

I knowingly assume all of these risks of injury or death that may result from my child’s participation in the Program and I assume full responsibility for my child’s participation.

- 2. Program Independent Contractor.** I understand that the Tribe and Education First work with staff and coordinators from other entities that may operate and direct the Program. The Tribe may not exercise day-to-day control or supervision over the Program and therefore may have no duty of care toward my child as a participant in this event or to protect him/her from injuries or harms arising from the actions or negligence of the staff and coordinator(s). I understand and acknowledge that the Tribes may sponsor the Program, but that this sponsorship does not necessarily give the Tribe any control over the provision of services from Education First.

- 3. Waiver and release of liability.** For myself, my child participating in the Program, and my heirs, I hereby waive and release the Tribe, Tribal Council members, appointed officials, employees, and agents, (collectively “released parties”) from all claims, liabilities, causes of action, and damages that in any way arise from my child’s participation in the Program.

- 4. Agreement to pay costs and attorney fees.** For myself, my child participating in the Program, and my heirs, I agree that if I make any claim or bring any suit against the released parties, the prevailing party is entitled to recover reasonable attorney’s fees and costs.

- 5. Indemnification.** I agree to defend and indemnify the released parties for any loss or damage that results from claims or lawsuits for personal injury, death and property loss or damage related in any way to my child’s participation in the Program in any capacity whatsoever.

- 6. Governing law, forum, and non-waiver of immunity.** The forum for the resolution of any dispute arising from this agreement is the Southern Ute Indian Tribal Court and the governing law is tribal law. Nothing in this agreement constitutes a waiver of any immunity of the Tribe.

I verify that I am the parent or guardian of the participant identified below who is under 18 years of age or the adult in whose care the participant has been entrusted. I have read and understand this agreement. Before signing this agreement, I had the opportunity to ask any questions about this agreement and the Program. I understand that the Program provides only limited supervision of minors and that participants under 18 years of age may not always understand the inherent risks associated with participation in the Program. In addition to the terms of this agreement, I agree that it is my duty and responsibility, as a parent or guardian, to supervise and to protect the participant from harm associated with participation in the Program. By signing below, I enter into this agreement on my own behalf and on behalf of the participant, I am an adult in whose care the participant has been entrusted, I have the authority to sign this document on behalf of the participant, and I agree to be bound by the terms of this agreement.

Participant's Name (printed): _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Name (printed): _____

Date: _____

Questionnaire

Complete the following questionnaire as a part of the application packet.

1. Can you name a person who has had a tremendous impact on you as a leader? Maybe someone who has been a mentor to you? Why and how did this person impact your life?

2. What are the most important values and ethics you demonstrate as a leader? Give me an example of these in practice.

3. What would you like to do when you grow up? How do you believe this can benefit your community? (Example: What do you see yourself doing in 10 years? Working for the Southern Ute Indian Tribe?)

4. What do you believe can help you be successful in participating in the Sunshine Cloud Smith Youth Advisory Council?



SOUTHERN UTE EDUCATION

P.O. BOX 737, IGNACIO, CO 81137
(970) 563-0235 (970) 563-1096 FAX

SCHOOL GRADES, ATTENDANCE, TRANSCRIPTS RELEASE FORM

Please be advised that I, _____ give permission for
Print Parent or Legal Guardian's Name
my child's student progress, grades, official transcripts and attendance to be released to the appropriate Southern Ute Education staff. The records will be used to better help track my child's grades and attendance for the academic school year as well as to share information that may result in educational opportunities for my student. This release will be kept in a confidential manner for the duration of my child's education in Ignacio School District.

I understand that this permission form will follow my student throughout their education in Ignacio School District.

I am aware that at any time I can revoke this permission form by providing a written request to the school secretary or Southern Ute Education Department.

Print Student's Name

Parent/Legal Guardian Signature

Date

*Please return this form to your student's school secretary.

Revised 2/2013

The Sunshine Cloud Smith Youth Advisory Council

Parent Code of Conduct

We, the Southern Ute Indian Tribal Council and the Southern Ute Education Department on the behalf of The Sunshine Cloud Smith Youth Advisory Council (SCSYAC) have implemented the following SCSYAC Parent Code of Conduct for the importance of the proper role of parents in the supporting of their child in the SCSYAC. Parents must read and sign this form before their child may participate in the SCSYAC.

I therefore agree:

1. I will not force my child to participate.
2. I will remember that the SCSYAC **is for the youth not adults.**
3. I will learn the policies and guidelines along with my child in the SCSYAC.
4. I will support and respect all SCSYAC members and their right to participate.
5. I will not talk badly about members, the coordinator, or other related entities.
6. I will be a positive role model for my child and encourage leadership by showing respect and courtesy, and by demonstrating positive support for all attending the meetings.
7. I will attend meetings only as a chaperone and I will NOT voice personal opinions or suggestions.

I agree to the terms listed above and have read all materials in the SCSYAC application packet.

Parent/Guardian (Print)/ Date

Parent/Guardian Signature/Date

Checklist

____ Completed Application Packet (Shall include the following)

- Leadership in Education Registration and Participation Form (Page 5)
- Contract (Pages 6-9)
- Questionnaire (Pages 10-11)
- MOA Agreement (Page 12)
- Parent Code of Conduct (Page 13)

____ Personal Letter

____ One Letter of Recommendation