Sitka Tribe of Alaska
EMPLOYMENT APPLICATION

This application must be filled out completely. **Incomplete applications may not be considered.** Job descriptions for each position are available at STA, descriptions for open positions are at www.sitkatribe.org. STA: 907-747-3207

Submit Completed Application, Supplemental and Resume to:
204 Siginaka Way, Suite 300, Sitka, AK 99835 or by email **jobs@sitkatribe-nsn.gov**

Date Received:_____

Position applying for:	Date available for work:

Last Name	First Name	Middle Name
Previous or Other Names Used		
Mailing Address		
Street or P.O. Box		
City State Zip		
Physical Address		
Street		
City State Zip		
Contact Information		
Email address:		
Daytime phone number	Evening phone number	Cell phone number

Are you a U.S. citizen or otherwise eligible for employment in the U.S.?	☐Yes ☐No
Are you 18 years or older?	☐Yes ☐No
Do you have a valid Alaska driver license?	☐Yes ☐No
Have you ever been employed at STA?	☐Yes ☐No
If so, please list the position and dates of employment:	
Do you currently have any relatives working at STA?	☐Yes ☐No
List the name, relationship, and the position (or department):	

Tribal Preference
Please check if you are:
☐ STA tribal citizen (ENROLLMENT NUMBER: _____)
☐ Tribal citizen of another Alaska Native Tribe
☐ Tribal citizen of any other Indian Tribe
☐ Non Indian spouse who supports Indian children (CHILD'S ENROLLMENT NUMBER: _____)
Documentation is required for tribal preference to be granted. Please attach a copy of tribal enrollment card or certificate of enrollment.

References		
List three professional references who have known you for at least one year, excluding relatives.		
Name	Company and address	Phone and email

Education	
Did you receive your high school diploma? ☐ Yes ☐ No	If not, highest grade completed?
Did you receive your GED? ☐ Yes ☐ No	Date GED received:
Have you received any education since high school? ☐ Yes ☐ No	

College or University			
Name and address	Credits earned	Degree or major	Graduated? List date

Business, technical, or vocational school			
Name and address	Credits earned	Course of study	Graduated? List date

Licenses, Certificates, or Training	
Description or Title	Date Received

Please rate your skills in the following as None, Basic, Moderate, or Advanced:			
Microsoft Word		Email	
Excel		Powerpoint	
Internet Browser		Access (database)	
Typing		Words per minute:	

Criminal Background		
Under STA ordinance, STA is required to ask you to disclose information about any criminal *convictions of a crime involving a sexual offense; STA policy prohibits employment of a person who has ever been convicted of a crime involving a sexual offense. Note that a further, supplementary application will be required prior to hire eligibility.		
* Convictions may not automatically disqualify you from employment; however, failure to list convictions will automatically disqualify you.		
Do you currently have any criminal charges pending against you?		☐ Yes ☐ No
If so, please list the charges:		
Have you ever been convicted of, or plead no contest to any sexual offense, including, but not limited to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution?		☐ Yes ☐ No

Employment History

List all of your work history for the last seven years. To receive full consideration, please be specific listing duties performed and explain any unaccounted for periods of time. Attach additional sheets if necessary.

Current or last employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From: To:				Number of employees supervised	
Description of duties: _____					
Reason for leaving				May we contact your supervisor? ☐ Yes ☐ No	

Previous employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From: To:				Number of employees supervised	
Description of duties: _____					
Reason for leaving				May we contact your supervisor? ☐ Yes ☐ No	

Previous employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From: To:				Number of employees supervised	
Description of duties: _____					
Reason for leaving				May we contact your supervisor? ☐ Yes ☐ No	

Previous employer				Title	
Supervisor name				Supervisor phone & email	
Company address					
Starting salary		Last salary		Hours per wk	
Dates of employment: From: To:				Number of employees supervised	
Description of duties: _____					
Reason for leaving				May we contact your supervisor? ☐ Yes ☐ No	

Sitka Tribe of Alaska Employment Application

Consent to Release of Information, Liability, and Reference Information

I affirm under penalty of perjury that the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I am aware that, should investigation at any time disclose misrepresentation, omission, or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with Sitka Tribe of Alaska.

I hereby authorize STA, within one year of this date, to obtain any information pertaining to my employment, education, and criminal records including, but not limited to, academic achievement, attendance, performance reports, background investigations and disciplinary records. I understand that a criminal history record check is a condition of employment and consent to a criminal history record check. I hereby release STA and any person furnishing information to STA as authorized above from any liability or damage which may result from furnishing the information requested. I agree that if STA finds I have made any misrepresentation or is dissatisfied with the result of any investigation of me, any offer of employment may be withdrawn, or employment may be terminated, without obligation on the part of STA, except for payment to me for services actually rendered.

A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.

Name	Position Applying For
Signature	Date

204 Siginaka Way, Suite 300, Sitka, AK 99835 907-747-3207 www.sitkatribe.org

Supplemental Employment Form

All information provided is considered confidential, will only be used for employment purposes, and will not be released without the express written consent of the applicant.

Name **Positions**

PLEASE READ AND SIGN THE FOLLOWING STATEMENTS:

I certify that the following information is accurate. I understand that any omission or found falsification will remove me from current and future STA position consideration. I also understand that if I do not meet the suitability requirements of the position for which I am applying, any offer of employment will be withdrawn, or my employment will be terminated. I certify, under penalty of perjury that all information provided in this application for suitability is true.

Signature Date

I grant STA permission to conduct a background and character investigation. I understand that a criminal history record check is a condition of employment. I understand that if I fail to sign, I will be removed from consideration from the position which I am applying.

Signature Date

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For each section, if additional space is needed, please attach additional pages labeled with the appropriate section number

Section 1: General

Last Name _____ First Name _____ Middle name, Suffix (Sr., Jr.) _____

(If you do not have a middle name, enter NMN. If you have only initials, please enter them)

Other Name(s) used _____ Previous Name(s) used _____

Place of Birth:

City _____ State _____ Country _____

Are you a U.S. citizen?

☐ Yes ☐ No

Date of Birth _____ Social Security Number _____

Section 2: Residence

Please list all communities you have lived in for the past 10 years, attach additional page if needed.

Current residence:

Month/year _____ to Month/Year _____ City _____ State _____ Zip _____

Previous residence 1:

Month/year _____ to Month/Year _____ City _____ State _____ Zip _____

Previous residence 2:

Month/year _____ to Month/Year _____ City _____ State _____ Zip _____

Section 3: Criminal Record

Have you ever been convicted of a felony? ☐ Yes (provide details below) ☐ No
(attach additional pages for more convictions if applicable)

Charge

Disposition

City State Date of conviction

Have you ever been convicted of a misdemeanor? ☐ Yes (provide details below) ☐ No
(attach additional pages for more convictions if applicable)

Charge

Disposition

City State Date of conviction

Do you currently have any criminal charge pending? ☐ Yes (provide details below) ☐ No
(attach additional pages for more current charges if applicable)

Charge

Current status

City State Date of charge

Section 4: Military Service

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No If yes, please complete information below and attach a copy of your DD-214 discharge form with this application.

_____ _____ To _____

Branch of Service Dates of Service (from month/year to month/year)

_____

Location(s) of service

_____

Type of discharge

Section 5: Current Court Orders

Are you currently subject to a court order issued after a hearing which restrains you from harassing, stalking, or threatening an intimate partner or child(ren)? ☐ Yes ☐ No
If yes, please provide information below:

_____ _____

Name of court that issued order Location of court that issued order

_____

Date of order

DISCLOSURE AND AUTHORIZATION

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer (The Company) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Pinnacle Investigations, 920 N. Argonne, Suite 200, Spokane Valley, WA 99212, Phone: 800-955-5306; Fax: 866-925-9792, www.pinnacleprof.com**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer repo s" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), infomation service bureau, employer, or insurance company to furnish any and all background information requested by **Pinnacle Investigations, 920 N. Argonne, Suite 200, Spokane Valley, WA 99212, Phone: 800-955-5306; Fax: 866-925-9792, www.pinnacleprof.com**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer: Sitka Tribe of Alaska

Full Name (Type or print)	Signature	Date

Background Information

Last Name	First Name	Middle name, Suffix (Sr., Jr.)

Other/previous name(s) used

Birth Date*	Social Security #*	Drivers License #*	Issuing State*

Phone #	Current address

Other cities and states you have lived in for past seven (7) years

*To be used for background screening purposes only

Para informacion en Español, visite www.consumerfinance.gov/lear11more, o escribe a la Consumer Financial Protection Bureau, 1700 G Street N. W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

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You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened"_ offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/leamrnore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

SITKA NATIVE EDUCATION PROGRAM

Share What You Know

Traditional Skills Workshop Instructor — information for applicants

SNEP is building a roster of instructors to lead traditional skills workshops for youth in grades 2–12 and their families. You do not need to be a professional teacher — just someone who knows a skill well and will share it patiently with young people. A strong proposal usually has these things:

WHAT WE'RE LOOKING FOR

- A clear project or skill — something students will make, do, or be able to carry home.
- A realistic plan — a few sessions that build on each other, sized to what youth can finish.
- Honest supply and prep needs — what you need from us, and what you will bring yourself.
- Hands-on learning — students doing the work, not only watching — and your own connection to the skill.

SKILLS WE'D WELCOME

Not just beadwork — any traditional skill or knowledge is welcome. These examples are meant to spark ideas, not limit them.

HARVESTING & TRADITIONAL FOODS

Deer processing · fish cutting, smoking & canning · beach food & seaweed · berries · herring eggs · medicinal plants

FIBER & WEAVING

Cedar bark & spruce root · basketry · mat & hat weaving · Ravenstail & Chilkat · spinning & dyeing

CARVING & WOODWORK

Wood carving · tool making & sharpening · paddles · bentwood · formline design

REGALIA & ADORNMENT

Beadwork & appliqué · button robes · vests, aprons & headbands · moccasins · jewelry · regalia care

SKIN, HIDE & FUR

Hide tanning · fur & skin sewing · drum making · sinew · hooves, bone, horn & shell

SONG, STORY & LANGUAGE

Lingít language · songs & drumming · dance · storytelling & oral history · place names · protocol

LAND, WATER & SEASON

Seasonal round · weather & tides · safe harvest · boat & skiff skills · survival & outdoor skills

EVERYDAY PRACTICE

Traditional cooking · knife & tool care · cordage & knots · net mending · fish camp setup

SOMETHING ELSE

If you carry a skill not listed here, propose it. Contemporary practice rooted in our way of life is welcome too.

A note on protocol: Some songs, stories, designs, and crests belong to specific clans or families. Note any clan-held knowledge (at.óow) in your proposal so permissions can be arranged before scheduling.

How to apply: **1.** Read the job description. **2.** Fill out the Workshop Proposal — a completed sample is included. **3.** Return it to SNEP program staff.

Want help filling it out? We are glad to sit down and work through it with you. · 456 Katlian Street, Sitka, AK · Phone: _____ · Email: _____

SITKA NATIVE EDUCATION PROGRAM — COMPLETED SAMPLE

Traditional Skills Workshop Proposal

Example: Deer Processing Workshop

THIS IS A COMPLETED SAMPLE — DO NOT SUBMIT THIS FORM.

It shows one way a proposal might be filled out, using a deer processing workshop as the example. Your workshop will look different — there is no single right answer. Use the blank Traditional Skills Workshop Proposal to write your own.

INSTRUCTOR INFORMATION

INSTRUCTOR NAME	TRADITIONAL ART FORM / SKILL
Example, Example	Deer Processing

PHONE	EMAIL
xxx-xxx-xxxx	xxxxx@xxxx.com

PROPOSED WORKSHOP TITLE
SNEP Guwakaan Workshop

1. PARTICIPANT INFORMATION

TIP: *Count adults in your maximum number of participants. That figure should be the total number of people you are planning and preparing supplies for, not just students.*

TARGET AGE GROUP / GRADE LEVEL(S)	MAXIMUM NUMBER OF PARTICIPANTS
7th – 8th graders	15 students

Will family members be invited to participate alongside students?

☒ **Yes** ☐ No

If yes, please describe:

Aunties, uncles, parents, and grandparents are welcome to come with their student — up to one adult per student. Adults are encouraged to work alongside the students rather than watch.

2. WORKSHOP PROJECT DESCRIPTION

TIP: *Write what a student will be able to do when the workshop is over. That is what reviewers look for.*

Project to be taught and completed

Examples: beaded headbands, cedar weaving, drum making, regalia appliqué.

How to process a deer from start to finish — hanging, skinning, quartering, cutting, and preserving for the winter.

Describe the skills and knowledge participants will learn:

Students will learn how to properly care for and process a deer after it has been harvested. They will observe and practice each step of the process.

The hope is that students will leave knowing how to process a deer once they have harvested it. Each step will include information about how our Tlingit people traditionally hunted for and preserved deer meat.

3. LESSON PLAN OUTLINE

TIP: *Leave unused session rows blank or mark them as not needed. A shorter workshop is not a weaker proposal.*

Please provide a brief outline of each session. Use only as many rows as your workshop requires.

SESSION	TOPICS / ACTIVITIES	EXPECTED OUTCOME
Session 1	Hanging the deer — how to tie the knots, how long to hang it, and why you hang the deer. Introduction to respectful harvesting and processing practices.	Students understand how Tlingit people then and now harvested deer, and learn the first step in processing — hanging the deer.
Session 2	Skinning & quartering — students observe how to skin and quarter the deer, then do it themselves with assistance.	Students see and engage in skinning and quartering the deer.
Session 3	Cutting & preserving — students learn different cuts of meat and how to get them out of the deer for maximum use of the animal. Students prep meat to grind for burger and begin vacuum sealing.	Students know how to get the most meat out of a deer and prep meat for burger. Students start vacuum sealing.

SESSION	TOPICS / ACTIVITIES	EXPECTED OUTCOME
Session 4	Finish preserving and process deer hooves.	Students finish vacuum sealing or canning any remaining meat, and learn how to process the deer hooves.
Session 5	Not needed — this workshop runs four sessions.	
Session 6	Not needed — this workshop runs four sessions.	

Attach additional pages if needed.

4. SCHEDULE

TIP: *If your timing depends on weather, harvest, tides, or seasonal materials, say so here. Program staff can plan around it.*

TOTAL # OF CLASSES	LENGTH OF EACH CLASS	CLASSES PER WEEK	TOTAL DURATION
4	1.5 hours	4	1 week

Scheduling notes:

Harvest dependent. Hoping to hold sessions Tuesday, Thursday, and Saturday, and finish on Sunday.

Note: Workshops should be completed within a maximum four-week period unless otherwise approved.

5. SUPPLIES & MATERIALS

TIP: *List everything, including items you plan to bring yourself — note those in the cost column. Also list what you need SNEP to arrange, such as space, storage, or tables.*

Please list all supplies, materials, equipment, and special space requirements needed for the workshop.

ITEM	QUANTITY NEEDED	ESTIMATED COST (IF KNOWN)
Deer	2–3	Instructor will provide
Space to hang the deer	2–3	—
Rope to hang the deer	2–3	Instructor will provide
Processing knives	10	$50
Vacuum sealing bags	1 large pack	$35

ITEM	QUANTITY NEEDED	ESTIMATED COST (IF KNOWN)
Jars & lids	2 cases, pint size	$45
Tables to process on	5	—
Pot to boil water	1	—
Pliers for deer hoof processing	4	Instructor will provide

Special space, equipment, or ventilation requirements:

Need a space large enough for 15 students plus the instructor to spread out, with tables set up to process on. A covered outdoor space would be ideal. SNEP will also need to plan a place to store the meat.

6. PREPARATION TIME

TIP: *Prep time is paid time. Include gathering or harvesting materials, cutting and sorting, setup, and cleanup.*

PREP HOURS BEFORE WORKSHOP	PREP HOURS DURING WORKSHOP
3 hours, plus hunting time — requesting gas compensation	About 1 hour before or after each session

Please describe any preparation activities required:

I will need to go hunting and harvest two deer to bring back. I will also need access to the processing space ahead of time to set up the deer and materials. SNEP should decide whether they want the meat vacuum sealed, jarred, ground, or all of the above.

7. CULTURAL SIGNIFICANCE

Optional. Share as much or as little as you wish.

Briefly describe the cultural importance of the art form, skill, or tradition being shared — and, if you would like to, how you came to learn it.

Our Tlingit people have been using every part of the animals we hunt for hundreds of years. I grew up learning how to traditionally harvest and process our wild game here in Sheet'ká with my dad and my uncles.

I notice many young people now do not have that same opportunity, and I would love the chance to teach them how to provide meat for their families. Processing times are the richest times for cultural knowledge transfer — this is when the uncles would tell stories and share deep traditional knowledge in the most authentic way. I plan to pass along knowledge in that same way.

8. INSTRUCTOR SIGNATURE

I certify that the information provided above is accurate and represents my proposed workshop plan.

INSTRUCTOR SIGNATURE	PRINTED NAME	DATE
Example, Example	Example, Example	August 2026

PROGRAM USE ONLY

Applicants leave this section blank. Program staff complete it after the proposal is received.

DATE RECEIVED **PROGRAM COORDINATOR**

Approved: ☐ Yes ☐ No

Notes:

SITKA NATIVE EDUCATION PROGRAM

Traditional Skills Workshop Proposal

Instructor application — please complete all sections

Gunalchéesh for offering to share your knowledge with our young people. This proposal tells us what you would like to teach, what you will need, and how much time it will take. Program staff use it to plan supplies, space, and scheduling — and reviewers use it alongside the Evaluation & Compensation Rubric to determine pay placement.

Please attach photos of your work, a résumé, or additional lesson pages if you have them. If you have questions or would like help completing this form, contact SNEP program staff.

INSTRUCTOR INFORMATION

INSTRUCTOR NAME

TRADITIONAL ART FORM / SKILL

PHONE

EMAIL

PROPOSED WORKSHOP TITLE

1. PARTICIPANT INFORMATION

TARGET AGE GROUP / GRADE LEVEL(S)

MAXIMUM NUMBER OF PARTICIPANTS

Will family members be invited to participate alongside students?

☐ Yes ☐ No

If yes, please describe:

2. WORKSHOP PROJECT DESCRIPTION

Project to be taught and completed

Examples: beaded headbands, cedar weaving, drum making, regalia appliqué.

Describe the skills and knowledge participants will learn:

3. LESSON PLAN OUTLINE

Please provide a brief outline of each session. Use only as many rows as your workshop requires.

SESSION	TOPICS / ACTIVITIES	EXPECTED OUTCOME
Session 1		
Session 2		
Session 3		
Session 4		
Session 5		
Session 6		

Attach additional pages if needed.

4. SCHEDULE

TOTAL # OF CLASSES	LENGTH OF EACH CLASS	CLASSES PER WEEK	TOTAL DURATION

Scheduling notes (optional):

For example: preferred days of the week, or anything your timing depends on such as weather, harvest, tides, or seasonal materials.

Note: Workshops should be completed within a maximum four-week period unless otherwise approved.

5. SUPPLIES & MATERIALS

Please list all supplies, materials, equipment, and special space requirements needed for the workshop.

ITEM	QUANTITY NEEDED	ESTIMATED COST (IF KNOWN)

Special space, equipment, or ventilation requirements:

6. PREPARATION TIME

PREP HOURS BEFORE WORKSHOP

PREP HOURS DURING WORKSHOP

Please describe any preparation activities required:

7. CULTURAL SIGNIFICANCE

Optional. Share as much or as little as you wish.

Briefly describe the cultural importance of the art form, skill, or tradition being shared — and, if you would like to, how you came to learn it.

8. INSTRUCTOR SIGNATURE

I certify that the information provided above is accurate and represents my proposed workshop plan.

INSTRUCTOR SIGNATURE	PRINTED NAME	DATE

PROGRAM USE ONLY

DATE RECEIVED

PROGRAM COORDINATOR

Approved: ☐ Yes ☐ No

Notes: