



Cheyenne River Youth Project®

Over 25 Years of Service to Youth on Cheyenne River

www.lakotayouth.org

**SERVICE GROUP VOLUNTEER
APPLICATION**

Name of your organization/institution: _____

Contact Person: _____ **Email Address:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Phone Number for Contact Person: Office: _____ Cell: _____

Please answer the questions below

1. How would you describe your organization or institution? (Service Group, Alternative Spring Break (ASB), Ministry, etc.):
2. What do you hope to accomplish while working with CRYP? What would you like to take away and what do you hope to give CRYP from your time spent at the Cheyenne River Youth Project?
3. Please tell us more about your group's motivation for performing a service project with the Cheyenne River Youth Project:
4. Has your group had any experience working in native communities? If so, please describe.

**The Main Youth Center · Čokata Wičoni Teen Center · Winyan Toka Win Garden · Family Services
Waniyetu Wowapi Lakota Youth Arts & Culture Institute · Keya Cafe & Coffee Shop · Keya Gift Shop**

702 4th Street · Eagle Butte, SD 57625-0410 · 605-964-8200 · Fax: 605-964-8201 · lakotayouth@gmail.com

5. If this is the first time your group will work in a native community, are you using any resources or research materials to prepare for your visit? If so, please describe.

6. Please describe your group's areas of interest for community speakers (culture, history, current events, agriculture, etc. We will do what we can to find speakers in your areas of interest but it would all depend on the availability of our presenters:

Please list the dates as well as your arrival and departure times. We prefer groups not arrive on a Saturday but Sunday arrivals (later afternoon) can be arranged.

Dates of Service: _____

Expected Arrival Date/Time: _____

Expected Departure Date/Time: _____

Expected Number of Volunteers: _____

Housing

1. It is likely that your sleeping quarters will be communal, meaning you will need to bring sleeping bags, air mattresses (if desired) and pillows as you will reside in a common room. Feel free to bring whatever makes you comfortable. Individual showers are available but please bring your own towels and hygiene items.

2. What are the demographics of your service group? (Please describe):

3. Please describe any skill sets your group will bring with you? For example, electricians, carpenters, teachers, librarians, artists, computer experts, office assistants. *Please feel free to attach a separate sheet if necessary.*

Payment

- CRYP requests a minimum fee of \$50 per person for each group volunteer.
 - a. Please indicate the total payment to be made:

\$50 x _____ Volunteers = \$_____.

- To secure your dates a \$200 deposit is appreciated.
 - a. The deposit will be paid by: _____.
- If for some reason your group is unable to come and would need to withdraw its application this deposit is fully refundable up until 60 days prior to your arrival.
- A 25% cancellation fee will be applied if your application is withdrawn less than 60 days prior to your arrival date.
- If you require an invoice or W-9 before payment can be made please email the CRYP Youth Programs Director: Jerica Widow (youthpd.cryp@gmail.com).
- Payment can be made by sending a check or visit our website and use the donate now button: www.lakotayouth.org. You will be able to indicate the purpose of your payment on the site.

Thank you for your application! We look forward to working with you in the near future.

If you should have questions please contact:
Jerica Widow, Youth Programs Director
youthpd.cryp@gmail.com; 605-964-8200

Julie Garreau, Executive Director
julie.cryp@gmail.com; 605-964-8200/605-365-7082 (Cell)

Revised 2.23.2018

Please provide the list of names and addresses of those participating in your group. This can be completed now and if anything changes it can be resubmitted:

Name

Address

Email

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