



Summer Youth - Traditional Arts Program

2026 Application

Program Dates: June 29th – August 7th

Application deadline: 4:30pm, May 29th, 2026

Applications must be received at the Stanley Huff Heritage Center by 4:30pm on May 29th, 2026.

No Exceptions

All completed applications turned in on time will receive an interview for positions available.

Summer Youth – Traditional Arts Program 2026 will be facilitated by Samantha Jacobs & Brennen Johns

(for internal use only)

Date app. Rec'd: _____ by: _____ App. #: _____

Accepted#: _____

Wait list#: _____

Summer Youth – Traditional Arts Program Application

Program Overview: The Summer Youth - Traditional Arts Program will give participants an opportunity & space to explore and make various traditional arts that correlate with the creation of Haudenosaunee material culture. Program spots are limited to five participants only. Participants will work 40 hours a week during a 6-week program during the summer. Participants will be given the opportunity to explore museum collections to see firsthand Haudenosaunee artwork past and present. Participants will be able to work with visiting artists who will share not only knowledge of their art, but tips for stepping into their chosen fields. This is a drug and alcohol-free program, and students must comply with Seneca Nation Human resource policies. The program will culminate with an in-house art show & luncheon for participants and their families.

Eligibility: Preference given to recent High school graduates and currently enrolled college students who are enrolled Senecas between ages 18-25. Other enrolled Natives and first descendant applicants, including current High School seniors, are eligible.

Application deadline: 4:30pm, May 29th, 2026

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No Exceptions

Application Requirements: Applicants must submit the following as a complete package. Incomplete applications will not be reviewed.

- 1) Application form
- 2) Original Tribal certification, or first descendant letter from Clerks office or copy of tribal ID

Applicants' name: _____

Address: _____

Phone #: _____ Nation: _____ Clan: _____ Tribal roll # _____

Email address: _____

High School: _____ Graduation year: _____

College / University: _____ Graduation year: _____

Parent / Guardian name (if under 18): _____

Parent/ Guardian phone # (if under 18): _____ Alt. Phone #: _____

Parent / Guardian Address: _____

Emergency Contact #1, name: _____

relationship to participant: _____ phone #: _____

Emergency Contact #2, name: _____

relationship to participant: _____ phone #: _____

Have you previously made any traditional Haudenosaunee arts, if so what? _____

Do you currently have any part of a traditional Haudenosaunee outfit? _____

What traditional Haudenosaunee Arts are you interested in learning? _____

Why do you want to participate in the Traditional Arts Program? _____

Do you consider yourself an artist, why or why not? _____

What type of careers would you like to get into after college? _____

Community/Professional organizations, honors and awards: _____

Employment History (include paid, volunteer and intern positions)

Most recent employer: _____ Telephone number: _____

Address: _____

Supervisor (Name & title): _____

Position title: _____ Start date: _____ End date: _____

Description of duties: _____

Most recent employer: _____ Telephone number: _____

Address: _____

Supervisor (Name & title): _____

Position title: _____ Start date: _____ End date: _____

Description of duties: _____

Most recent employer: _____ Telephone number: _____

Address: _____

Supervisor (Name & title): _____

Position title: _____ Start date: _____ End date: _____

Description of duties: _____

References:

Name: _____ Telephone number: _____

Company/School: _____

Relationship: _____ Known how long: _____

Name: _____ Telephone number: _____

Company/School: _____

Relationship: _____ Known how long: _____

READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE:

I, _____ understand that I am to be on time during the program and it is my responsibility to participate in the activities as laid out during the program so that I will be able to complete the arts projects as directed. I also understand that any photographs or other media created during the program may/will be used in summary and/or promotion of the Summer Youth - Traditional Arts Program which may or may not be included in the culmination art show / luncheon event as well as for the Stanley Huff Heritage Center in general. If I miss more than three consecutive days of the program or if I am asked to leave due to behavior issues, I will be dropped from the program and an applicant from the wait list will be called to take my place.

I understand that the Seneca Nation (SN) is relying upon all the representations, both written and oral, which I have made or done during the entire process of applying for employment with the SN.

I hereby understand and agree that my employment is at will, that nothing in this application or in any other company document shall be deemed to create any contract of employment by me and the SN and that my employment can be terminated at any time by myself or the SN for any or no cause. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

I understand that if I make any false statements, misrepresentations, or omissions in the application process, I may be discharged at any time during my employment and I agree to hold the SN and persons named herein harmless in the event.

Applicant signature: _____

Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the Seneca Nation (SN) to investigate my former employment record as indicated on my resume and/or Summer Youth - Traditional Arts Program application for employment in consideration of the position(s) applied for.

I acknowledge that the SN has the right to investigate any job-related information that the SN believes relevant including, but not limited to, employment history and education background. I hereby release and agree to hold the SN harmless from all liability resulting in any way from such investigation and from all attorney fees resulting from any legal action I may institute which is within the scope of this waiver.

I further authorize work related references to be supplied to the Stanley Huff Heritage Center.

I hereby release SN, its employees, officers, and directors from all liability for damages arising out of the furnishing of this information as requested by me.

Applicant Print name: _____

Date of Birth: _____

Applicant Signature: _____

Witness Print Name: _____

Witness Signature: _____

EMPLOYEE DRUG AND ALCOHOL TESTING RESLEASE

I, _____ (applicant/employee), hereby voluntarily agree to submit to any drug test requested and conducted by the Seneca Nation (SN) which the SN deems, in its sole discretion, to be reasonably necessary to provide its workers with a safe and healthy working environment.

I, _____ (applicant/employee), acknowledge that in the course of my employment, and as a prerequisite of employment with the SN, I may be asked to submit to a random drug test and provide a urine, blood, breath, hair or saliva sample and that I hereby consent to such tests in recognition of the SN efforts to maintain a drug and alcohol free workplace.

I have read, understand, agree and consent to the SN's drug and alcohol testing policy as stated above, and recognize that decisions regarding my employment as the SN may be made from the result of this test.

I AUTHORIZE the SN, and its physicians, nurses, technicians or agents to collect a specimen or specimens of my blood, breath, urine, hair, or saliva for chemical analysis.

I CONSENT to this test for drugs and alcohol and authorize the SN testing consultant(s) and testing laboratory to provide test results to the SN. Because of any positive result obtained by said test, I understand that I may not be offered a job with the SN or may be disciplined.

I hereby indemnify, release and forever discharge and hold the SN and its subsidiaries and affiliated companies, agents and employees harmless from all claims, demands, judgements and legal fees arising out of or in connection with such tests, the results or any lawful use of the results.

Print Name: _____ Signature: _____

Last 4 SSN: _____ Date: _____

a positive drug and alcohol test of any substance: including marijuana, will disqualify applicants due to program guidelines.

*** If applicant / employee is under the age of 18***

I hereby certify that I am the parent or legal guardian of _____ (applicant). I hereby agree that I have reviewed and understand this release that the applicant has been asked to execute and further understand that the applicant will be required to submit to testing for the presence of drugs as a condition of employment. I hereby give my irrevocable consent for the applicant to be tested in accordance with the SN drug, alcohol and controlled substance abuse policy.

Print name: _____ Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20_____

Notary Public

State