YouthCorps Program Application

Northwest Youth Corps

2621 Augusta Street, Eugene, OR 97403
Phone: (541) 349-5058 • E-mail: jobs@northwestyouthcorps.org

Mail or fax your completed application to:

Northwest Youth Corps
2621 Augusta Street
Eugene, OR 97403
Fax: (541) 349-5060

Name: _____ Date of Birth: ☐☐/☐☐/☐☐ ☐ Male ☐ Female

Mailing Address: _____
Number Street City State Zip County

Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐ E-mail Address: _____

Session choice:
Please write your top four choices of sessions in the spaces (refer to the "program schedule" page for the available choices). Make sure that the session dates do not overlap with your school schedule.

1st choice: _____
2nd choice: _____
3rd choice: _____
4th choice: _____

How did you learn about Northwest Youth Corps? Check all that apply:

☐ Friend/Family ☐ School ☐ Mail ☐ Radio: _____
☐ Newspaper: _____ ☐ E-mail: _____
☐ Web site: _____ ☐ Other: _____

Job Description:

Have you read the information in the booklet describing this job? ☐ Yes ☐ No
Do you understand the requirements of this job and can you meet them? ☐ Yes ☐ No
Are you committed to spending 4 to 6 weeks away from home "roughing it"? ☐ Yes ☐ No

Are you willing and able to:

Lift up to 50 pounds? ☐ Yes ☐ No
Backpack distances of up to 5 miles? ☐ Yes ☐ No
Work 8-hour days on projects that require constant bending and digging? ☐ Yes ☐ No

Medical Information:

List medical or physical limitations that might affect your ability to perform this job: _____

_____

_____

_____

(On a separate sheet, please explain what can be done to accommodate your limitations in order for you to work safely in this environment.)

Background:

Have you ever been involved with the criminal justice system? ☐ Yes ☐ No
(Positive responses will not necessarily bar an applicant from participating.)

If yes, list dates and charges: _____

Tuition Assistance:

Would you like to apply for tuition assistance? ☐ Yes ☐ No

Instructions for narrative questions: New participants answer all parts of questions 1–4. NYC alumni answer all parts of questions 5–8. Use complete sentences and check your spelling and grammar. We suggest that you ask a friend, parent, or teacher to proofread your answers. Your final copy should be written clearly or typed in the space provided. Use extra sheets of paper if necessary.

New participant questions:

1. A major portion of the NYC program focuses on learning about the natural environment and society's use of natural resources. **What** would you like to learn about these topics? **Why**? Be specific.

2. Everyone has done something that made a difference in his/her life, or that made him/her feel proud. **What** do you consider your greatest accomplishment? **Why** was this achievement important to you?

3. **Why** would you like to work for Northwest Youth Corps? **What** interests you about this job?

4. Joining an NYC team means making a commitment to finish what you start, and being able to honor that commitment. **Describe** a time when you kept your word, although it was really hard to do.

NYC Alumni questions:

Most recent session: _____ Year: _____

5. Describe the challenges you experienced previously at NYC and what you plan to do to do differently this year.

6. What are your goals for this year?

7. What have you learned from past NYC experiences that you would like to share with other participants? Why is this important?

8. Do you want to be considered for a Swamper (Youth Leader) or Backcountry Leadership Program (BLP) position? ☐ Yes ☐ No

   If yes, complete this application and contact the office for the supplemental Swamper/BLP questions.

I have read the attached information about Northwest Youth Corps and understand that this job will involve hard physical work, living in the outdoors, and working as a member of a team. Oregon State law prohibits the use or possession of tobacco products by anyone under 18 years of age. If offered a job with NYC, I agree to comply with this law and agree to refrain from the use of alcohol and illegal drugs during my entire period of employment. I certify that I completed this application myself and that all of the statements made in this application are true to the best of my knowledge.

_____ Signature of Applicant

_____ Signature of Legal Guardian

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Earning High School Credit

When you join Northwest Youth Corps, you sign up for much more than just hard work in the woods. During a five-week session, you might spend over 180 hours on a project site, but you will also spend another five hours per week completing the "SEED" component of your program: talking about teamwork, job skills, and society's impact on the natural environment.

About SEED

We call our educational curriculum "SEED" (Something Educational Every Day). This program is designed to introduce you to a wide variety of topics related to natural resource management, wildlife conservation, reforestation, fisheries, and a wealth of similar topics. The SEED program also emphasizes mastery of a wide variety of skills vital to becoming a successful member of an NYC work team. Discussion topics include job search and job retention skills, communication, respect, leadership, conflict resolution, teamwork, diversity, and workplace safety.

Assessment

At the beginning of each session, you will take a multiple choice test to help us evaluate your current level of knowledge. At the end of the program, you will take another SEED test to measure your progress. The three areas of assessment are: environmental education, work experience, and life skills.

Obtaining Credit

Only your high school can actually award credit. Usually the best person to talk to is a school counselor. We are happy to respond to questions and, upon request from your school district, we will provide an explanation of our program and the results of your assessment tests. The Youth Services Team is available to answer any questions you or your counselor might have. Call us at (541) 349-5058 or e-mail us at jobs@northwestyouthcorps.org.

How Do I Make It Happen?

Although you will participate in our SEED program, we strongly suggest that you complete one of the following projects to share with your counselor when you request credit for your NYC experience. You may also want to contact your counselor and ask them to help you identify the type of project that would be most appropriate for your school.

1. **Work Experience Journal**
   This journal should provide an ongoing account of your time at NYC and reflect upon your feelings about your work experience, daily challenges, and new skills that you develop.

2. **Education Journal**
   You may also choose to keep a journal that records what you learn in our education programs. You may decide to keep track of all the new tree and plant names you learn or even develop a lesson of your own to teach during a SEED session.

3. **Presentation or Special Project**
   Another option is to develop a presentation that you can give when you return to class. You may want to talk about careers in natural resources, teach a lesson about forest management issues, or create a display about Oregon native tree species. You can even design your own SEED lesson.

2007 Program Schedule

Please mark the program codes for the programs you want on the first page of your application.

Program Code	Program	Dates	Tuition
TNT1	Teens and Trails (for ages 14-15)	Sat, June 16 – Sun, July 14	$595
TNT2	Teens and Trails (for ages 14-15)	Sat, July 21 – Sun, Aug. 18	$595
SCC-N1 & 2	Summer Conservation Corps – North (ages 16-19)	Sat, June 9 – Sat, July 21 or Sun, July 22	$225
SCC-N3 & 4	Summer Conservation Corps – North (ages 16-19)	Sat, July 28 – Sat, Sept. 1 or Sun, Sept. 2	$225
SCC-S1 & 2	Summer Conservation Corps – South (ages 16-19)	Sat, June 16 – Sat, July 21	$225
SCC-S3 & 4	Summer Conservation Corps – South (ages 16-19)	Sat, July 28 – Sat, Sept. 1	$225
SCC-E1	Summer Conservation Corps – East (ages 16-19)	Sat, June 9 – Sat, July 14	$225
SCC-E2	Summer Conservation Corps – East (ages 16-19)	Sat, July 21 – Sat, Aug. 25	$225
BLP1	Backcountry Leadership Program (ages 16-19)	Sat, June 16 – Sat, July 21	$225
BLP2	Backcountry Leadership Program (ages 16-19)	Sat, June 16 – Sat, July 21	$225
BLP3	Backcountry Leadership Program (ages 16-19)	Sat, July 21 – Sat, Aug. 25	$225
BLP4	Backcountry Leadership Program (ages 16-19)	Sat, July 28 – Sat, Sept. 1	$225
Spring	Spring Conservation Corps (ages 16-19)	Sat, April 7 – Sat, May 12	No fee
Fall 1 & 2	Fall Conservation Corps (ages 16-19)	Sat, Sept. 15 – Sat, Oct. 20 or Sun, Oct. 21	No fee

Tuition Assistance

Northwest Youth Corps offers a variety of tuition assistance opportunities. Scholarship funding is limited and is awarded on a first-come-first-served basis to youth who demonstrate financial need. If you are interested in applying for tuition assistance, please mark "Yes" on the tuition question on your application. Then, complete the tuition assistance information and send it to NYC with the other application paperwork.

Stipend

At Northwest Youth Corps, you will earn a non-taxable stipend for your work. Your base stipend will be:

- For TNT (4-week program): $675
- For five-week programs: $1125
- For six-week programs: $1400

Food costs ($55/week) will be deducted from your stipend.

In addition to the stipend, you have the opportunity to earn bonuses for safety, dependability and completing the program.

- Completion Bonus—for finishing the program: $20/week
- Dependability Bonus—for completing all work hours scheduled for your crew: $20/week
- Safety Bonus—for a perfect safety record: $10/week

Participants leaving the program receive a prorated portion of this stipend, calculated to the nearest full day of work, but forfeit all bonuses.

Emergency Contact and Medical Information

Northwest Youth Corps

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Name: _____ Date of Birth: ☐☐/☐☐/☐☐ ☐ Male ☐ Female

Mailing Address: _____
Number Street City State Zip County

Phone: (☐☐☐)☐☐☐-☐☐☐☐ E-mail Address: _____

Emergency Contact Information

List three separate contacts who each live at three different addresses (relative, neighbor, family friend, etc.). We require day and evening phone numbers. In an emergency, NYC field staff will make every effort to call contacts in the order listed.

Contact 1 (required) If you live here, please check: ☐

Name: _____ Day/Work Ph.: _____

Relationship: _____ Evening/Home Ph.: _____

Address: _____ Cell. Ph.: _____

City, State, Zip: _____ Employer: _____

E-mail Address: _____ Occupation: _____

Contact 2 (required) If you live here, please check: ☐

Name: _____ Day/Work Ph.: _____

Relationship: _____ Evening/Home Ph.: _____

Address: _____ Cell. Ph.: _____

City, State, Zip: _____ Employer: _____

E-mail Address: _____ Occupation: _____

Contact 3 (required) If you live here, please check: ☐

Name: _____ Day/Work Ph.: _____

Relationship: _____ Evening/Home Ph.: _____

Address: _____ Cell. Ph.: _____

City, State, Zip: _____ Employer: _____

E-mail Address: _____ Occupation: _____

Example:

Contact 1: ☒
Angela Smith
mother
123 Maple Lane,
Albany, OR 97321
E-mail: stories@netzero.net
Day: 541-111-0000
Eve: 541-111-0000
Cell: 503-444-8888

Freelance writer

Contact 2: ☐
Rene Richmond
aunt
456 Oak Street
Albany, OR 97321
E-mail: rener123@msn.com
Day: 541-222-3333
Eve: 541-222-6666 x123
Cell: ------
Green Manufacturing
Production Manager, shift 2

Contact 3: ☐
Joe Mendoza
family friend
789 Pine Road
Tigard, OR 97223
E-mail: joem@xyzcenter.com
Day: 503-333-4444 x456
Eve: 503-333-7777
Cell: 503-555-9999
XYZ Medical Center
Registered Nurse

Insurance Information

Do you have health or accident insurance? ☐ Yes ☐ No

If yes, list name of insurer: _____

Insured's Name: _____ Group/Policy Number: _____

Allergies

List **allergies to medications** (e.g., aspirin, penicillin) as well as your reaction: _____

_____

List **other allergies and reactions** (e.g., bee stings, peanut butter): _____

_____

Immunizations

All youth above the age of 12 are required to have a primary MMR (Measles, Mumps, Rubella) vaccination and a booster. Have you had these vaccinations?: ☐ Yes ☐ No

Date of last Tetanus shot: _____

If you have not had a tetanus shot in the last five years, we recommend that you get one prior to starting NYC.

Current Medical Condition

If you are currently under a doctor's care, please list condition, doctor's name, address, fax, and phone number:

Doctor: _____ Fax: _____ Phone: _____

Address: _____

Do you have any current medical problem (e.g. ear infection, sore throat)? If yes, please specify: _____

_____

Have you been exposed to any contagious diseases in the past two weeks? ☐ Yes ☐ No

Have you been, or are you now, under the care of a counselor? ☐ Yes ☐ No

If yes, describe your condition and dates of therapy: _____

_____

Please check and list dates for current or past conditions.

✓	Date		✓	Date		✓	Date	
☐	_____	Back injury	☐	_____	Tobacco use	☐	_____	Heart disease
☐	_____	Broken bones	☐	_____	High blood pressure	☐	_____	Hepatitis
☐	_____	Carpal tunnel	☐	_____	Migraine headaches	☐	_____	Kidney disease
☐	_____	Knee injury	☐	_____	HIV positive	☐	_____	Liver disease
☐	_____	Head injury	☐	_____	AIDS	☐	_____	Lung disease
☐	_____	Hearing problems/deafness	☐	_____	Anemia	☐	_____	Thyroid disease
☐	_____	Vision/wear glasses or contacts	☐	_____	Asthma	☐	_____	Venereal disease
☐	_____	Chemical addiction	☐	_____	Cancer	☐	_____	Pregnancy
☐	_____	Depression	☐	_____	Diabetes/hypoglycemia	☐	_____	Other_____
☐	_____	ADD/ADHD	☐	_____	Epilepsy/seizure disorder			_____
☐	_____	Emotional disorders	☐	_____	Gastric ulcers			_____

Describe diagnosis/status of the current conditions checked above:

Condition	Status
_____	_____
_____	_____

Agreement to Self Medicate

Participant: _____ Date: _____

Parent or guardian: _____ Phone: _____

Name of providing physician: _____ Phone: _____

Please list ALL medications (prescription and over-the-counter) that you plan to bring to NYC. Use another piece of paper if you need more room.

Note: Starting a new medication or changing a medication dosage must occur **at least three months before** the start date of your session.

Condition	Medication (Full Name)	Dosage	Date began med or changed dosage	When taken	How taken	Storage/ Handling Considerations
Example: *migraine headaches*	Example: *Excedrin Migraine*	Example: *500 mg*	Example: *April 2002, no changes since*	Example: *1x day at breakfast /as needed*	Example: *Orally with water*	Example: *Keep dry and cool*

If the medication or dosage for any prescription drugs has changed within the last four months, what was the change? Why and when did it occur? _____

Corpsmember agreement:

I hereby agree to take my prescribed daily dosage listed above. I acknowledge that failure to do so constitutes a significant danger to my health and the health of others, and may be grounds for immediate suspension or dismissal from the program. I acknowledge that allowing anyone else access to my medication is grounds for immediate dismissal from the program. I agree to immediately inform staff about any changes, concerns or issues that relate to the use or possession of this medication.

_____ _____

Corpsmember Signature Date

Parent or guardian agreement:

I certify that my son/daughter can be depended upon to independently accept responsibility for taking his/her prescription medication according to doctor's instructions. I understand that opportunities to refill prescriptions during an NYC program are limited and that my son/daughter is expected to arrive with enough medication to last the entire session. I also understand that my daughter/son must possess a written prescription that will allow their medication to be replaced in case it is damaged or lost.

I acknowledge that the information on this form is current and accurate. I understand that this information must be provided before anyone taking prescription drugs can be allowed to join an NYC program and that it will be used to help determine whether NYC can safely enroll my son/daughter.

_____ _____

Parent or Guardian Signature Date

Acknowledgement and Release

Participation in education and work experience programs sponsored by Northwest Youth Corps involves certain risks. These risks include, but are not limited to: vehicle travel, recreation activities, leadership decisions, inclement weather, forest fires, falling objects, hiking long distances, camping in remote locations, using hand tools, moving large and heavy material, working and traveling in steep, rugged terrain; all under circumstances where emergency communications, immediate medical care, and/or police protection may not be available.

These risks, and others, expose participants to possible injury, property damage, illness, trauma, disability or death. We understand that, despite NYC's care and concern for the safety and health of program participants, NYC cannot, and does not, assure freedom from such risks, hazards and dangers. My participation in an NYC program is fully voluntary and I choose to do so with full knowledge of these and other risks.

In consideration of my participation, I forever waive, release, and give up any and all claims, demands, damages, costs and expenses of any kind, whether foreseeable or unforeseeable, arising from death, personal injury or loss of property against Northwest Youth Corps, its officers, directors, employees, representatives, agents, sponsors, and volunteers, which may arise from my participation, and any other related activities. This release is valid even if such damages, injuries or loss should be caused by the negligence or other fault of the parties or persons I am releasing.

I certify that the health information provided to Northwest Youth Corps is accurate to the best of my knowledge. I am aware that my participation with Northwest Youth Corps demands an intense level of physical activity, physical exertion, and stamina. I understand that NYC encourages an examination by a physician before the start of each program and I accept full responsibility for being able to physically handle the rigors of participation in a Northwest Youth Corps' program. I give permission to Northwest Youth Corps, its staff, and employees, to obtain or administer any medical aid they determine to be necessary. I will assume my own medical and emergency expenses in the event of an accident, injury, or other incapacity resulting from, or occurring during, my participation in the program.

In the event of an accident or illness, I acknowledge that Northwest Youth Corps (NYC) staff may be responsible for getting me to a medical facility. I hereby consent to the release of pertinent medical information to Northwest Youth Corps staff during treatment. I understand that Northwest Youth Corps is not a health care provider or health plan, and is not covered by federal privacy regulations including the Health Insurance Portability and Accountability Act (HIPAA). I understand that I may revoke this consent at any time in writing to the NYC Administrative Director. Unless revoked earlier, this consent will expire 6 months from the date of signature.

I have carefully read, understand, and voluntarily sign this document, and acknowledge that it shall be binding upon my self, my family, heirs, executors, representatives, and estate.

Participant name	Signature	Date
Parent or guardian name	Signature	Date

Memorandum of Understanding & Authorizations

Complete these forms and mail them back to NYC as soon as possible. You will not be able to start work without these forms and the additional documentation (listed below) on file.

Identification Requirements

Please make a **photocopy** of your picture ID (passport, school ID, driver's license, or state ID) and send it to NYC with your registration paperwork. You will need to **bring the original** of your identification with you to orientation.

Memorandum of Understanding

Joining a Northwest Youth Corps program, means working as a member of a community. This means you must respect everyone else in that community, pull your share of the load, and accept responsibility for your actions. You must be able to trust the members of your team and we must be able to trust you!

Please read the rules below and consider them carefully. By signing this form, you are giving us your word that you will adhere to this agreement all the time you are in an NYC program. This form must be signed in order to be registered.

During my participation with Northwest Youth Corps, I give my word that I will not:

- Possess or use drugs or alcohol.
- Smoke on the work site or in any undesignated area.
- Possess or use weapons, firearms, or fireworks.
- Participate in an unauthorized leave, absence, or swim activity.
- Engage in fighting, threats of violence, or be verbal abuse.
- Steal, vandalize, or damage the property of others.
- Engage in racism or sexual harassment of any kind.
- Participate in sexual activity.
- Demonstrate a hostile or uncooperative attitude.

Payday Deduction Authorization

I authorize Northwest Youth Corps to deduct $55/week for food out of my stipend.

Reference Authorization

I authorize Northwest Youth Corps to provide reference information concerning my employment with NYC along with any additional information, personal or otherwise, and release Northwest Youth Corps from liability for any consequences that may result from furnishing this information.

Image Release

I give permission for NYC to use photographs or videos in which I may be portrayed for the purpose of promoting Northwest Youth Corps and its activities. NYC also has my permission to use words I write or artwork I produce during my experience with Northwest Youth Corps for promotional activities. I understand that I will receive no remuneration for the use of this material.

I have read and agree to the above authorizations and release. I understand that violation of the Memorandum of Understanding agreement will be considered grounds for dismissal.

Participant name	Signature	Date
Parent or guardian name	Signature	Date