



YouthCorps Program Application

Northwest Youth Corps

2621 Augusta Street, Eugene, OR 97403
 Phone: (541) 349-5055 • E-mail: info@nwyouthcorps.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: _____

Cell Phone Number: () - School _____

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 this packet describing the job position? Yes No
 Do you understand the requirements of this position and can you meet them? Yes No
 Are you committed to spending 5 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 position: _____

(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 position?
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 position 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 position with NYC, I agree to comply with this law and agree to refrain from the use of alcohol and illegal drugs during my entire program session. 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



Memorandum of Understanding & Authorizations

Complete these forms and mail them back to NYC as soon as possible. You will not be admitted to NYC until these forms and the additional documentation (listed below) are on file.

Memorandum of Understanding

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

Joining a Northwest Youth Corps program means becoming 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!

During my participation with Northwest Youth Corps, I agree and promise that I will not:

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

Stipend Deduction Authorization

I authorize Northwest Youth Corps to deduct \$63/week for food out of my stipend. *

Reference Authorization

I authorize Northwest Youth Corps to provide reference information concerning my participation 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.

I hereby give permission to NYC and its staff to conduct a criminal background check on me as part of the application process.

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. Promotional activities include but are not limited to brochures, posters, email campaigns, and social media including but not limited to Facebook, Twitter, You Tube, NYC's website, Blog Posts, Instagram, and Zenfolio. 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 not receive 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

**Youth Corps Community does not have a food cost.*



Emergency & Contact Information

Northwest Youth Corps

2621 Augusta Street, Eugene, OR 97403

Phone: (541) 349-5055 • Fax: (541) 349-5060 • E-mail: info@nwyouthcorps.org

Name: _____ Date of Birth: / / Male Female

Mailing Address: _____
Number Street City State Zip County

Phone: () - E-mail Address: _____

Contact Information: List three separate contacts with three different phone numbers (parents, primary guardians, relatives, family friend, etc.).

*In an emergency it is required that we have day and evening phone numbers.
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: _____

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 (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:
*Joe Smith
Father
123 Maple Lane
Albany, OR 97321
E-mail: rener123@msn.com
Day: 541-222-3333
Eve: 541-111-0000
Cell: 503-344-7777
Green Manufacturing
Production Manager, shift 2*

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: _____

Contact 3:
*Jane Mendoza
Grandma
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*

Please check this box if you would **not** like us to contact you about exciting NYC opportunities or events in your area.

The NYC family began with the founding of the organization in 1984. Once you have completed your program you and your family will be a part of the NYC family and history. You will also gain access to exclusive Alumni events, activities and opportunities. **Checking no** will mean you will **not** be contacted about NYC in the future.



Medical Information

Insurance Information (provide a copy of your card)

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

Are your vaccinations up-to-date?: Yes No

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 problems (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.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Date | <input checked="" type="checkbox"/> Date | <input checked="" type="checkbox"/> Date |
| <input type="checkbox"/> _____ Back injury | <input type="checkbox"/> _____ Tobacco use | <input type="checkbox"/> _____ Heart disease |
| <input type="checkbox"/> _____ Broken bones | <input type="checkbox"/> _____ High blood pressure | <input type="checkbox"/> _____ Hepatitis |
| <input type="checkbox"/> _____ Carpal tunnel | <input type="checkbox"/> _____ Migraine headaches | <input type="checkbox"/> _____ Kidney disease |
| <input type="checkbox"/> _____ Knee injury | <input type="checkbox"/> _____ HIV positive | <input type="checkbox"/> _____ Liver disease |
| <input type="checkbox"/> _____ Head injury | <input type="checkbox"/> _____ AIDS | <input type="checkbox"/> _____ Lung disease |
| <input type="checkbox"/> _____ Hearing problems/deafness | <input type="checkbox"/> _____ Anemia | <input type="checkbox"/> _____ Thyroid disease |
| <input type="checkbox"/> _____ Vision/wear glasses or contacts | <input type="checkbox"/> _____ Asthma | <input type="checkbox"/> _____ Venereal disease |
| <input type="checkbox"/> _____ Chemical addiction | <input type="checkbox"/> _____ Cancer | <input type="checkbox"/> _____ Pregnancy |
| <input type="checkbox"/> _____ Depression | <input type="checkbox"/> _____ Diabetes/hypoglycemia | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> _____ ADD/ADHD | <input type="checkbox"/> _____ Epilepsy/seizure disorder | _____ |
| <input type="checkbox"/> _____ Emotional disorders | <input type="checkbox"/> _____ Gastric ulcers | _____ |

Describe diagnosis/status of the current conditions checked above:

Condition	Status
_____	_____
_____	_____

Agreement to Self Medicate

*Please fill out this form even if you take no medication.



Participant: _____ Date: _____

Parent or guardian: _____ Phone: _____

Name of providing physician: _____ Phone: _____

Please check here and SIGN BELOW if you are not taking any medications.

No, I do not take any medications (please sign below)

If you take medication, 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 three months, what was the change? Why and when did it occur? _____

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. I understand that NYC has the right to immediately suspend or dismiss my son/daughter if he/she fails to take the prescribed daily dosage. If my son/daughter is dismissed I understand that I will be responsible for the cost of their transportation home

Corpsmember agreement:

I hereby agree to take my prescribed daily dosage listed above. I acknowledge that failure to do so will constitute 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 Signature (required) Date



Northwest Youth Corps

Crewmember Position Description

GENERAL REQUIREMENTS

- Applicants must be between the ages of 15 and 19 years old.
- Applicants must be able to hike distances of up to 5 miles or more- possibly carrying equipment or packs.
- Applicants must be able to carry or lift 50 pounds.
- Applicants must be able to work 8-10 hour days that require bending and digging.
- Applicants must be willing to live with crew for 5-6 weeks, in tents.

DUTIES AND RESPONSIBILITIES

Corps members are expected to work in a safe manner, follow the instructions of their crew leaders, participate in camp activities and be respectful of their co-workers.

DAILY REQUIREMENTS

- Work on the crew's assignments in a safe and mature manner
- Participate in daily crew activities such as cooking, cleaning, campsite preparation and tool maintenance
- Actively participate in educational activities each work day. The SEED program (Something Educational Every Day) teaches conservation, ecology, and environmental science. It also gives participants an opportunity to earn credits in science or PE.
- Maintain a positive attitude

POSITION DESCRIPTION

Corps members are a key component of NYC's operations, performing the work necessary to complete important conservation projects. They use a combination of labor and hand tools to complete varied service learning projects such as reforestation, native slash piling, construction, non-native plant removal, trail construction, trail maintenance, and habitat enhancement. Corps members are also responsible for sharing with evening chores including cooking meals, dish washing, daily tool maintenance, camp cleanliness and educational activities.

Each corps member is placed in a 9-10 person crew that operates independently over a 4-6 week period, under the direction of trained NYC staff. Depending on where the crew is stationed, hiking to and from the work site may be required. Crews may be stationed anywhere in Oregon, Washington, Idaho, and Northern California.

Corps members must be ready to travel, live outdoors in a team environment, follow instructions, endure adverse weather, and work up to 40-hours per week. Although no prior outdoor or work experience is necessary, corps members should show a desire to learn and participate in a team based experience. Before joining a NYC crew, applicants must sign a *Memorandum of Understanding* that outlines appropriate behaviors (ex. No possession or use of alcohol, illegal drugs, firearms etc.).

Some weekends, the different teams meet together for fun activities such as outdoor exploration and relaxation. Weekends also include group games and contests, meetings, a large communal dinner cooked by one of the crews as well as receiving mail sent

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by friends and family. Depending on circumstances, friends and family may be able to visit the weekend sites. Showers, payphone access, and laundry facilities are typically made available, on the way to the weekend site.

For certain projects, some crews may not come out of the woods for up to two weeks. In this situation, crews are not given some of the above opportunities.

PAYMENT INFORMATION

Corps members are paid a base stipend of \$1000 - \$1,500 depending on program length. Food costs are automatically deducted from the stipend at \$63.00 per week for Youth Corps Programs only.

Participants have the potential to earn bonuses as follows:

- Completion Bonus (for finishing the program)
- Dependability Bonus (for completing all work hours scheduled for your crew)
- Safety Bonus (for a perfect safety record)

Note: NYC pays Corp members an educational stipend therefore, federal and state tax do not apply.

BENEFITS

Workers compensation coverage applies for project injuries or illnesses. Corps members that show diligence, hard work and a positive attitude are eligible for re-hire including clear advancement opportunities through NYC's Backcountry Leadership Program, and as a youth leaders (known as Swampers). Many youth continue to expand on their experiences and become Assistant Crew Leaders, Crew Leaders and eventually move to careers with land management agencies such as US Forest Service and Bureau of Land Management. Northwest Youth Corps Programs provide excellent work and leadership experience for resumes and applications for any career field or college.

Corpsmember Signature Date

Parent/Guardian Signature Date

