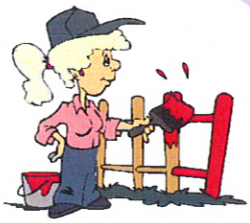
Youth Conservation Corps



Pea Ridge National Military Park is accepting applications for the Youth Conservation (YCC) program to work five (5) days per week for a minimum of eight weeks. The program will begin when school ends. Pay is $7.50 per hour. Work hours will consist of eight (8) hours per day with a half-hour lunch, or 40 hours per week. Enrollees will work with park resource management or maintenance staff on a variety of tasks.

You will need your own transportation to and from work. Positions will be filled by young men and women. To be eligible to apply, you must be at least 15 years of age and cannot reach your 19th birthday during the term of employment. Tentative dates of work are June 15 through August 7. You must also be a permanent resident of the United States and have a social security card.

Application forms may be picked up from your high school counselor or at the park visitor center information desk between 8:30 AM and 4:30 PM daily, or you may go on-line to: www.nps.gov/peri/index.htm, click on Management, then click on Jobs. Completed forms must be returned to the park by 4:30 PM on May 15th, 2015.

For further information call (479) 451-8122, at extension 317.
Ms. Penny Schwitters
Pea Ridge National Military Park
15930 US Highway 62 E
Garfield Arkansas 72732.

FS-1800-18 (v07/2013)
OMB No. 0596-0084
Exp. 07/31/2016

United States Youth Conservation Corps Application

Please fill out this application as thoroughly and legibly as possible and return it to the Youth Conservation Corps (YCC) program site location where you would like to work, or forward it to the YCC contact listed on the Federal Agency's website. Mailing addresses for YCC programs by state are available at https://youthgo.gov
Applications can also be accepted online.

APPLICANT INFORMATION *(please complete electronically, type, or print legibly)*

Name: _____ ☐Male ☐Female

Address: _____
Street City State Zip

Email: _____ Date of Birth: (MM/DD/YYYY) _____ Age: ____

Home Phone: ( )- - _____ Cell Phone: ( )- - _____

Best way & time to get in touch with you: _____

If Under 18, Parent/ Guardian Contact Information:

Name: _____ Email: _____

Home Phone: ( )- - _____ Work Phone: ( )- - _____

What is the location of the YCC Program for which you are applying?

Name of Unit/Location *e.g. Ocala National Forest, FL or Yellowstone National Park, WY)*

OR:

☐ No location selected- I am flexible

Where did you learn about YCC?

☐Newspaper
☐Past/Current YCC Member
☐School Presentation
☐School Counselor
☐Poster
☐Other:

EDUCATIONAL BACKGROUND

School Name: _____ City/State: _____

Highest Grade Completed (as of June): _____ Last day of school this year: (MM/DD/YYY) _____

Overview

The Youth Conservation Corps (YCC) is a well-balanced work-learn-earn program that develops an understanding and appreciation in participating youth of the nation's environment and heritage. It is administered by the U.S. Department of Agriculture - Forest Service, and by the U.S. Department of the Interior - Fish and Wildlife Service and National Park Service. YCC offers gainful summer employment to youth, for approximately eight weeks, in a healthful outdoor atmosphere. Enrollees will be paid the minimum wage for a 40-hour work week. Most projects will enroll an equal number of males and females. YCC members work on a variety of projects including building trails, maintaining fences, cleaning up campgrounds, improving wildlife habitat, and thinning timber stands. Participants will do hard physical work and may be exposed to insects, poison oak and ivy, adverse weather, and difficult working conditions.

Eligibility Requirements

Young men and women, 15 through 18 years of age, who are permanent residents of the United States, its Territories, or possessions, are eligible for employment without regard to social, economic, racial, or ethnic backgrounds. Youth with physical or other challenges who can effectively participate in most YCC activities are eligible. Youth must have no history of serious criminal or other antisocial behavior that might endanger their safety or that of others; have or be able to obtain a work permit as required under the laws of their State; have a Social Security number or have made application for one; be willing and able to work hard and participate in most work projects. Employment is without regard to Civil Service or classification laws, rules, or regulations.

How You Can Enroll

To apply, youth meeting these qualifications should complete this YCC application form and return it at the earliest possible date to the nearest unit of a National Park, National Forest, or national Fish and Wildlife Refuge or Hatchery.

Applicants will be selected on a random basis and will be notified of selection. Demographic information such as age, race, and family income is not used in the selection process.

PRIVACY ACT STATEMENT
YCC APPLICATION (FS-1800-18)

The following information is provided to comply with the Privacy Act of 1974 (PL-579). 5 U.S.c. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used in the selection process of applicants for the YCC crews, and for contacting the selected applicants. This information is requested on a voluntary basis, failure to complete this form will result in exclusion from the program. Privacy Act Systems of Records USDA/FS-29 Youth Conservation Corps Enrollee Records and USDA/FS-30 Youth Conservation Corps Recruitment System cover the collection and storage of, and access to these records.

Non-Discrimination and Burden Statements

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0084. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Work, Community Service, and Extra-Curricular Experiences

Please describe any work, volunteer, and/or extra-curricular (clubs, sports, hobbies) activities you have participated in the last two years.

Participating in the YCC may be physically demanding; including living and working outdoors for part of the program and working up to eight hours a day on conservation projects. Please describe any experience you have had that would prepare you for this program such as camping, backpacking, hiking, sports, household chores, regular exercise.

General Questions

Why do you want to be part of a Youth Conservation Corps?

Describe an experience you have had working with a team or group. What did you gain from that experience?

Certification

I am familiar with the Youth Conservation Corps (YCC) program and interested in working to develop and maintain the natural and cultural resources of the United States. If selected, I will obtain a work permit if required. I have or am applying for a social security number. I am a citizen or permanent resident of the United States or its Territories or possession.

I certify that all information I have given above is true and correct to the best of my knowledge. I understand that incorrect statements constitute grounds for immediate dismissal. You have my permission to give this application to any YCC official.

Applicant Signature:_____ Date:_____

I, the parent/legal guardian of the under-18 applicant, have discussed this program with the applicant and I authorize him/ her to apply.

Parent/Guardian Signature:_____ Date:_____

This application must be filled out completely to determine applicant's eligibility and availability. *Incomplete applications may have to be rejected.* Participants must be at least 15 years of age by the beginning of enrollment and not have reached age 19 during enrollment.

Please go to www.youthgo.gov to find out where to send your completed application.

ETHNICITY & RACE (Optional):

The US Government is committed to providing YCC experiences to young people that represent the diversity of our nation. You can help us track who serves in YCC programs by reporting both ethnicity and race using the following selections. Multiracial respondents may select two or more races.

Please be advised that this information is optional and you are not required to complete this section.

Ethnicity (Select one):	Race (Select one or more, regardless of Ethnicity):
☐ Hispanic or Latino	☐ American Indian or Alaskan Native
☐ Not Hispanic or Latino	☐ Asian
	☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American
	☐ White or Caucasian

USDA Forest Service

FS-1800-3 (v 07/2013)
OMB No. 0596-0084
Expires 07/31/2016

Youth Conservation Corps
Medical History
FSM 1840

To be completed by YCC selected participants only

NOTE: The collection of this information is authorized by Public Law 93-408. The purpose of this data is to safeguard the health, safety and welfare of the enrollees of the YCC programs and may be provided to a physician in the event medical treatment is necessary. This information is requested on a voluntary basis; however, failure to complete this form may result in exclusion from the program.

Part I - To be completed by applicant

Name (Last, First, Middle Initial)	Address (Street, City, State, including Zip Code)

Date of birth (mm/dd/yyyy)	Do you have health and accident insurance?	Insured by
	☐ Yes If yes, list name of insurer ☐ No	policy number

Primary Care Physician name Address	Physician phone number ( ) -

Have you had or are you having any of the following health conditions? Enter x where appropriate and describe on back or
☐ check here if attached as a separate document

Allergies
- ☐ Hay fever
- ☐ Asthma
- ☐ Poison ivy or oak
- ☐ Insects stings
- ☐ Skin condition
- ☐ Other (Identify)

_____

Frequent infections
- ☐ Cold
- ☐ Sore throat
- ☐ Ear ache
- ☐ Bladder or intestinal infection
- ☐ Other (Identify)

_____

Other health conditions
- ☐ Chest pains
- ☐ Convulsions
- ☐ Diabetic
- ☐ Difficulty with balance
- ☐ Fainting
- ☐ Heart condition
- ☐ Hernia
- ☐ Rheumatism or arthritis
- ☐ Loss of weight
- ☐ Lyme disease
- ☐ Mental health condition
- ☐ Persistent cough
- ☐ Problem with blood not clotting
- ☐ Shortness of breath
- ☐ Sleepwalking
- ☐ Swollen or painful joints
- ☐ Ulcers
- ☐ Other(Identify)

_____

Are you currently taking any medication? ☐ Yes- if yes, explain on back or check here ☐ if attached ☐ No
Are you allergic to any medications? ☐ Yes- if yes, explain on back or check here ☐ if attached ☐ No

Immunization history- *Enter X where appropriate and dates as indicated. A Tetanus and Diptheria shot is required unless you have received one or a booster within the last ten years. You may attach your immunization record as a separate document.*

☐ Check here if immunization records are attached as a separate document.

	Date of original series (mm/dd/yyy)	Date of Last Booster to ensure Immunization (mm/dd/yyy)
☐ Tetanus Toxoid, Diptheria, Pertussis (Tdap)		
☐ Polio Vaccine (IPV)		
☐ Measles, Mumps, Rubella (MMR)		
☐ Meningococcal Conjugate Vaccine (MCV)		

To my knowledge, I have not been exposed to a contagious or infectious disease in the past three weeks, and I am in a state of health which would allow full participation in all YCC activities.

Signature (Read the statement above before signing)	Date (mm/dd/yyyy)

Part II - To be completed by parent or guardian of the applicant

This is to certify that I am familiar with the Youth Conservation Corps (YCC)and that I give my consent to my son/daughter/ward to participate with the program as a YCC member. I understand that I will not hold the United States Government responsible for any nonprogram accident or illness, and I authorize first aid, or emergency medical care, to be performed at the nearest, most adequate facility approved by the YCC program staff.

Emergency contact (Name and Relationship)	Home Phone ( ) -	Work Phone ( ) -
Address (Street, City, State and Zip Code)	Alternate or prefered form of contact *i.e. email, text, alternate phone, etc.* (optional)	
Signature (Parent or Guardian)		Date (mm/dd/yyyyy)

Identify in remarks block any condition that would restrict full participation and describe any special care or treatment that may be required.

Basic functional requirements for outdoor work

a. Heavy lifting, 45 pounds and over	g. Use of fingers	m. Repeated bending
b. Heavy carrying, 45 pounds and over	h. Both hands required	n. Climbing, legs only
c. Straight pulling	i. Walking	o. Climbing, use of legs and arms
d. Pulling hand over hand	j. Standing	p. Both legs required
e. Pushing	k. Crawling	q. Far vision correctable in one eye to 20/20 and to 20/40 in the other
f. Reaching above shoulder	l. Kneeling	r. Hearing (aid permited)

Environmental factors

a. Outside	f. Dry atmospheric conditions	k. Working on ladders or scaffolding
b. Excessive heat	g. Excessive noise, intermittent	l. Working with hands in water
c. Excessive Cold	h. Dust	m. Working closely with others
d. Excessive humidity	i. Slippery or uneven walking surfaces	n. Working alone
e. Excessive dampness or chilling	j. Working around moving objects or vehicles	

REMARKS *(Enter information regarding any prescribed medication, reactions to penicillin or any drugs and/or any other health problems of which we should be made aware.)*

PRIVACY ACT STATEMENT FOR
THE YCC MEDICAL HISTORY (FS-1800-3) 10/94

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BURDEN STATEMENT

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FS Reviewing officer's signature	Date (mm/dd/yyyy)