

# Yukon Delta National Wildlife Refuge IS HIRING SUMMER 2022!



## YCC Position Term: July 5th–August 5th, 2022

### Position: Bethel Youth Crew Leader

- Must be 18+ years old
- Be a U.S. citizen or permanent resident.
- Lead Youth Crew of 5, working with refuge staff to complete maintenance, visitor services, aviation, and other refuge projects with an open mind and positive attitude.
- Potential multi-dayovernight camping projects
- Experience in maintenance preferred

**Hours:** Monday–Friday

8:00–4:00PM

8 Hours a day, 40 Hours a week

**Pay:** \$15.57 per hour

### Position: Bethel Youth Crew Member

- Must be between 15 and 18 years of age.
- Must have parental approval and transportation to Yukon Delta refuge headquarters.
- Must be a U.S. citizen or permanent resident.
- Potential multi-dayovernight camping projects
- Be able to do use common hand tools and perform physical labor outdoors with an open mind and positive attitude

**Hours:** Monday–Friday

8:00–4:00PM

8 Hours a day, 40 Hours a week

**Pay:** \$13.54 per hour

**APPLICATIONS DUE BY: Wednesday, June 1st, 2022**

Submit applications via email to [Kyra\\_Neal@fws.gov](mailto:Kyra_Neal@fws.gov)

or via mail to Yukon Delta National Wildlife Refuge, P.O. Box 346, Bethel, AK 99559

Have questions? Call or email Kyra Neal at 907-545-9261 [Kyra\\_Neal@fws.gov](mailto:Kyra_Neal@fws.gov)



## UNITED STATES YOUTH CONSERVATION CORPS CREW MEMBER APPLICATION



### PROGRAM OVERVIEW

The United States Youth Conservation Corps (YCC) is a summer youth employment program that engages young people in meaningful work experiences on national parks, forests, wildlife refuges, and fish hatcheries while developing an ethic of environmental stewardship and civic responsibility. YCC members work on projects that promote awareness and appreciation of the public lands legacy and the nation's natural, cultural, and historic resources.

The YCC is administered jointly by the U.S. Department of the Interior – National Park Service and Fish and Wildlife Service.

### ELIGIBILITY REQUIREMENTS

Applicants must:

- ✓ Be at least 15 years of age at the start of enrollment and must not reach age 19 before completion of the program
- ✓ Be a US citizen or permanent resident of the United States, its territories, or its possessions
- ✓ Provide or be able to obtain a work permit as required under the laws of the applicant's home state
- ✓ Provide a valid U.S. Social Security number or have applied for a valid Social Security number
- ✓ Be able to fulfill the essential functions of the assigned work with or without a reasonable accommodation
- ✓ Be actively committed and willing to complete the assigned work project

### PROGRAM BENEFITS

The YCC affords members a variety of opportunities to work on projects such as constructing and repairing trails, preserving and repairing historic buildings, removing invasive species, assisting with wildlife and land research, leading environmental education programs, and supporting agency staff.

### HOW TO APPLY

For more information on how to apply to YCC programs and opportunities, please visit agency webpages for locations, application process and due dates, and points of contact. Eligible applicants should follow the instructions for completing and submitting the application as directed by YCC program sites. Applicants may also contact the nearest YCC program office managed by the National Park Service, U.S. Fish and Wildlife Service for more information.

Please visit the following sites For YCC opportunities

- National Park Service: <https://www.nps.gov/subjects/youthprograms/ycc.htm>
- U.S. Fish & Wildlife Service, please visit: <https://www.fws.gov/refuges/get-involved/youth/>

Please fill out this application as thoroughly and legibly as possible. Mail the completed application to the Youth Conservation Corps (YCC) Program site location where you would like to work using the YCC mail address (or email if acceptable) listed on the Federal agency's website.



## UNITED STATES YOUTH CONSERVATION CORPS CREW MEMBER APPLICATION



**This application must be filled out completely to determine the applicant's eligibility and availability. Incomplete applications will be rejected.** Complete applications include responses to all questions, parent/guardian contact information and certification signatures. An optional resume may also be submitted with the application but is not required.

Name:

First: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Gender:  Male  Female  Prefer not to disclose

Date of Birth: mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

### Tell Us About Yourself

Please answer the following questions regarding your background, contact and other information.

#### Contact Information

Address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way and time to contact you?

*If under 18, provide parent/guardian contact information:*

#### Emergency Contact Information 1

#### Emergency Contact Information 2

First Name	Last Name	First Name	Last Name
Relationship to Applicant	_____	Relationship to Applicant	_____
Phone 1	_____	Phone 1	_____
Phone 2	_____	Phone 2	_____
Email	_____	Email	_____

How did you learn about the YCC program? (Select all that apply)

- Website
- School Counselor
- National Park Service or U.S. Fish & Wildlife Service, Staff Member
- Past/Current YCC
- Poster
- Other

**OTHER INFORMATION**

1. Are you able to perform work that could be physically strenuous and in adverse weather conditions such as rain or heat?     Yes     No
2. Will you require accommodations to perform work that may be assigned to you?     Yes     No

If you answer yes to either question #1 and #2, tell us what types of work you are unable to perform and/or describe the types of accommodations you may need to work in the outdoors or otherwise.

**Tell us why you want to join the YCC.**

You are encouraged to use the space below to complete the following essay question or attach a new page for your entire response.

**In 200 words or less, please explain why you want to serve as a YCC Crew Member.**

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# Yukon Delta National Wildlife Refuge

## Applicant Information Sheet

### CREW UNIFORMS

The crew is provided with YCC t-shirts, as well as work boots.

If you were selected for this position, what size shirts and work boot would you need?

1. Unisex Shirts (Unisex shirts are usually more typical men's sizing):

Small, Medium, Large, XL, XXL

2. Work Boot size:

Which position are you applying for? (Circle one)

Crew Member (ages 15-18)

Crew Leader age (18+)



## NOTICES

### PRIVACY ACT STATEMENT

**Authority:** 16 USC 1701-1706, Chapter 37 – Youth Conservation Corps and Public Lands Corps, Subchapter I – Youth Conservation Corps (Youth Conservation Corps Act of 1970 (P.L. 91-378; 84 Stat. 794) as amended in 1972 (P.L. 92-597) and in 1974 (P.L. 93-408).

**Purpose:** The information is collected to evaluate the eligibility of youths aged 15-18 years of age for employment with the Youth Conservation Corps (YCC).

**Routine Uses:** The information collected on this form may be shared in accordance with the Privacy Act of 1974 and the routine uses listed in the DOI Office of the Secretary (OS) System of Records Notices INTERIOR/OS-25, YCC Enrollee Records, and INTERIOR/OS-29, YCC Recruitment Files available at <https://www.doi.gov/privacy/os-notice>.

**Disclosure:** Furnishing this information is voluntary; however, failure to provide the requested information may disqualify acceptance into the YCC program.

### PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Department of the Interior National Park Service and U.S. Fish and Wildlife Service, collects information necessary to assist the agencies in safeguarding the health, safety, and welfare of the enrollees of the YCC programs. Your response is voluntary, but failure to complete this form will result in exclusion from participation in the YCC Program. 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 currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1093-0010.

### ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 25 minutes, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Departmental Information Clearance Officer, U.S. Department of the Interior, 1849 C Street, NW Washington, DC 20240, or via email at [doi-pra@ios.doi.gov](mailto:doi-pra@ios.doi.gov). Please do not send your completed form to this address.

**V. ADDITIONAL INFORMATION**

Please use this page to answer questions or to include more information to submit a complete YCC application.



### UNITED STATES YOUTH CONSERVATION CORPS MEDICAL HISTORY FORM



To be Completed by Youth Conservation Corps (YCC) Program Applicants Only

**NOTE:** This information is collected under the authority of Public Law 93-408. It will be used primarily for the purpose of determining your eligibility for Youth Conservation Corps service. **Your disclosure of this information is voluntary; however, your failure to provide this information will result in the rejection of your application to become a Youth Conservation Corps member.**

#### APPLICANT MEDICAL HISTORY

Please answer the following questions regarding your background, contact and other information

Name:

First: Middle Last Suffix

Gender:  Male  Female

Date of Birth: mm/dd/yyyy \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

#### Contact Information

Address:

Street City State Zip

Email: Phone 1 Phone 2

Are you covered under your family or any other type of health insurance?

Yes  No If yes, name of insurer and policy number

Primary Care Provider Name:

Address:

Have you had or are you having any of the following health conditions? (Enter X where appropriate and describe on page 3.)

Allergies	Frequent Infection	Other health condition		
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Cold	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Convulsion	<input type="checkbox"/> Loss of weight	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Earache	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Lyme disease	<input type="checkbox"/> Swollen/painful joints
<input type="checkbox"/> Insect stings	<input type="checkbox"/> Bladder or Intestinal infection	<input type="checkbox"/> Difficulty with balance	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Mental Health Conditions
<input type="checkbox"/> Skin condition	<input type="checkbox"/> Intestinal infection	<input type="checkbox"/> Fainting	<input type="checkbox"/> Persistent Cough	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Skin condition		<input type="checkbox"/> Problem with blood not clotting		
Other (identify)				

Are you currently taking any medications?

Yes – if yes, explain on page 2  
 No

Are you allergic to any medications?

Yes – if yes, explain on page 2  
 No

Immunization history – *Enter X where appropriate and dates as indicated. A Tdap shot is required unless you have received one or a booster within the last ten years. **You may attach a copy of your immunization record as a separate document***  Check here if immunization records are attached as a separate document.

Date of Series mm/dd/yyyy	Date of Last Booster to Ensure Immunization mm/dd/yyyy
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- 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

Applicant Name	Applicant Signature	Date
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**Medical and Physical Abilities and Limitations**

The requested below will be kept strictly confidential and safeguarded. This information will only be disclosed in accordance with the requirements of the Department of Labor’s regulations and other applicable federal laws.

1. Please use the table below to identify any medication(s) that the applicant is currently taking. Include the name, dosage and any specific instructions that a YCC Program Staff would need to administer medication (if necessary).

Medication Name	Dosage	Instructions

Allergic to which medications

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2. Below is a list of typical activities and environmental factors required for outdoor work. Please check any of the items below that may limit full participation in the YCC program.

**Physical and functional Requirements**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Heavy lifting, 45 pounds and over  | <input type="checkbox"/> Use of fingers    | <input type="checkbox"/> Repeated bending                             |
| <input type="checkbox"/> Heavy carrying, 45 pounds and over | <input type="checkbox"/> Use of both hands | <input type="checkbox"/> Climbing, legs only                          |
| <input type="checkbox"/> Straight pulling                   | <input type="checkbox"/> Walking           | <input type="checkbox"/> Climbing, use of legs and arms               |
| <input type="checkbox"/> Pulling hand over hand             | <input type="checkbox"/> Standing          | <input type="checkbox"/> Use of both legs                             |
| <input type="checkbox"/> Pushing                            | <input type="checkbox"/> Crawling          | <input type="checkbox"/> Hearing (aid permitted)                      |
| <input type="checkbox"/> Reaching above shoulder            | <input type="checkbox"/> Kneeling          | <input type="checkbox"/> Corrected vision in one eye (20/20 to 20/40) |

**Environmental Factors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Outside            | <input type="checkbox"/> Dry atmospheric conditions          | <input type="checkbox"/> Working around moving objects     |
| <input type="checkbox"/> Excessive heat     | <input type="checkbox"/> Excessive or intermittent noise     | <input type="checkbox"/> Working on ladders or scaffolding |
| <input type="checkbox"/> Excessive cold     | <input type="checkbox"/> Dust                                | <input type="checkbox"/> Working with hands in water       |
| <input type="checkbox"/> Excessive humidity | <input type="checkbox"/> Slippery or uneven walking surfaces | <input type="checkbox"/> Working closely with others       |
|   |  | <input type="checkbox"/> Working alone                     |



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**Purpose:** This information is collected from selected applicants to determine their ability to fully participate, and to allow the participating agencies to make necessary reasonable accommodations as appropriate.

**Routine Uses:** The information collected on this form may be shared in accordance with the Privacy Act of 1974 and the routine uses listed in the DOI Office of the Secretary (OS) System of Records Notices INTERIOR/OS-25, YCC Enrollee Records available at <https://www.doi.gov/privacy/os-notices>.

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