

# News Release

## *Parker River National Wildlife Refuge*

6 Plum Island Turnpike, Newburyport, MA 01950

978-465-5753; Fax: 978-465-2807; <http://parkerriver.fws.gov>

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**Date of Issuance: March 26, 2015**

**Contact: Bill Peterson, Refuge Manager**

**Phone: (978)-465-5753**

### **Recruits Sought for Youth Conservation Corps**

Parker River National Wildlife Refuge is seeking recruits for its Youth Conservation Corps (YCC) program – a summer employment program for teens.

Four positions will be available this year; two for boys and two for girls. Participants will work 40 hours per week for eight weeks and earn the current minimum wage (\$9.00/hr.) The employment period will be June 29 - August 21, 2015. Candidates must commit to the full eight week program.

The objectives of YCC, a nationwide program, are threefold: to accomplish needed conservation work on public land, to provide gainful employment for 15 through 18 year olds of all social, economic, ethnic and racial backgrounds, and to develop an understanding and appreciation of the nation's natural environment and heritage.

This year's crew will work on such projects as boardwalk repairs, brushing trails, erecting fences and assisting with the stations biological program. To be eligible for the YCC Program, enrollees must be at least 15 but not have reached 19 years of age during the term of employment, be a U.S. resident, have a Social Security number, and possess a desire and ability to work outdoors.

Applications and information may be obtained at Parker River National Wildlife Refuge, 6 Plum Island Turnpike Newburyport, MA 01950, or at most local high school guidance departments. Office hours at the Refuge are 8:30 am to 4:00pm, Monday through Friday. The main refuge phone number is (978) 465-5753.

Completed applications must be received at the refuge office no later than 4:00 pm on April 29, 2015. Selection will be made by random drawing and notification of participants will be completed by May 5, 2015.

# Youth Conservation Corps Application

Print or Type all answers. All questions and statements must be answered to enable Selection Office to determine applicant's eligibility and availability. Incomplete applications may have to be rejected. Authority is PL 93-408. During the term of employment, you must be at least 15 years of age and not have reached age 19.

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Name (Last, First, Middle Initial)

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Date of Birth (MM/DD/YYYY)

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Social Security Number

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Mailing Address (Street or P.O. Box)

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City

State

Zip Code

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Home Phone Number

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In Case of an Emergency Phone Number

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## Applicant's Statement

YCC is an Equal Opportunity Employer

I am familiar with the YCC program and interested in working in the outdoors to develop and maintain the natural 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 permanent resident of the United States or its Territories or possessions. I do not have a history of serious criminal or other antisocial behavior that might jeopardize my safety or that of others. I certify that all information I have given above is true and correct to the best of my knowledge. I have not participated in any YCC program for more than 3 weeks in the past, nor have I submitted duplicated applications. Incorrect statements constitute grounds for immediate dismissal. You have my permission to give this application to any YCC official for whose camp I am selected.

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(Signature of Applicant)

(Country)

I am familiar with the YCC program and the applicant has my permission to participate.

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(Signature Parent/Guardian)

(Date)

## United States Youth Conservation Corps

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.

Projects include 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. Handicapped youth 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.

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#### PRIVACY ACT STATEMENT FOR THE YCC APPLICATION (FS-1800-18) 10/94

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. Furnishing your name and social security number is voluntary. However, your application cannot be processed without this information.

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According to the Paperwork Reduction Act of 1995, no agency may conduct or sponsor, and no person is required to respond to a collection of information unless it displays a valid OMB number. The OMB approval number for this collection is 0596-0084. Public reporting burden for this collection of information is estimated to average 3 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.

YCC complies with Section 504 of the Rehabilitation Act of 1973. (29 U.S. Code 794). Under this Act and implementing Regulations, handicapped persons "who, with reasonable accommodation, can perform the essential functions" of the YCC are eligible. (7 CFR Part 15b and 43 CFR Part 17).

# Youth Conservation Corps Medical History

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 treatment is necessary. This information is requested on a voluntary basis; however, failure to complete this form will result in exclusion from the program.

**Part I - To be completed by applicant**

1. Name (Last, First, Middle Initial)	2. Address (Street, City, State, including Zip Code)
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3. Do you have health and accident insurance?  ___ Yes ___ No If yes, list name of insurer in block 4.	4. Insured by and policy number.	5. Date of birth (Mo/Da/Yr)
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6. Diseases (Enter x if you have had any of the diseases.)  ___ Rheumatic ___ Tuberculosis ___ Diabetes	7. Describe treatment if disease marked in block 6.
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8. Have you had or are you having any of the following health conditions (Circle where appropriate and describe on back)

Allergies	Frequent Infections	Other health conditions			
Hay fever Asthma Poison ivy or oak Insect stings Skin condition Other (identify) _____	Colds Sore throat Ear ache Bladder or intestinal infection Venereal disease Other (identify) _____	Convulsions Fainting Sleep walking Headache Stuttering Nervous condition Ulcers	Hernia Poor hearing Difficulty with sense of balance Poor vision Problem with blood not clotting Defects in legs or feet	Diabetic Pregnancy Swollen or painful joints Shortness of breath Chest pains Easy fatigue Heart condition	Emotional problem Back trouble or injury Persistent cough Rheumatism or arthritis Loss of weight Lyme disease Other (identify) _____

9. a. Are you currently taking any medication? \_\_\_ Yes \_\_\_ No - if yes, explain on back.  
 b. Are you allergic to any medications? \_\_\_ Yes \_\_\_ No - if yes, explain on back.

10. Immunization history (Enter x where appropriate and dates as indicated. A Tetanus and Diphtheria shot is required unless you have received one or a booster within the last ten years)

	Date of original series	Date of last booster to insure immunization
___ Diphtheria	_____	_____
___ Polio Vaccine	_____	_____
___ Tetanus Toxoid	_____	_____

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 above statement before signing)	Date
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**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 Program 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 non-program 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.

1. Emergency contact ( <i>Name and Relationship</i> )	2. Home Phone (    )	3. Work Phone (    )
4. Address (Street, City, State and Zip Code)		
5. Signature (Parent or Guardian)	6. Date	

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**

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|---|---|---|
| <ul style="list-style-type: none"> <li>1. Heavy lifting, 45 pounds and over</li> <li>2. Heavy carrying 45 pounds and over</li> <li>3. Straight pulling</li> <li>4. Pulling hand over hand</li> <li>5. Pushing</li> <li>6. Reaching above shoulder</li> <li>7. Use of fingers</li> </ul> | <ul style="list-style-type: none"> <li>8. Both hands required</li> <li>9. Walking</li> <li>10. Standing</li> <li>11. Crawling</li> <li>12. Kneeling</li> <li>13. Repeated bending</li> <li>14. Climbing, legs only</li> </ul> | <ul style="list-style-type: none"> <li>15. Climbing, use of legs and arms</li> <li>16. Both legs required</li> <li>17. Far vision correctable in one eye to 20/20 and to 20/40 in the other</li> <li>18. Hearing (aid permitted)</li> </ul> |
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**Environmental factors**

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| <ul style="list-style-type: none"> <li>1. Outside</li> <li>2. Excessive heat</li> <li>3. Excessive cold</li> <li>4. Excessive humidity</li> <li>5. Excessive dampness or chilling</li> </ul> | <ul style="list-style-type: none"> <li>6. Dry atmospheric conditions</li> <li>7. Excessive noise, intermittent</li> <li>8. Dust</li> <li>9. Slippery or uneven walking surfaces</li> <li>10 Working around moving objects or vehicles</li> </ul> | <ul style="list-style-type: none"> <li>11. Working on ladders or scaffolding</li> <li>12. Working with hands in water</li> <li>13. Working closely with others</li> <li>14. Working alone</li> </ul> |
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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.*)

Public reporting burden for this collection of information is estimated to average 3 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM; Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget Paperwork Reduction Project (OMB #0596-0084), Washington, D.C. 20503.

7. FS Reviewing officer's signature	8. Date
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