for the greatest good

May 5, 2017

Dear COYCC Applicant and Parent/Guardian:

Congratulations! You have been hired for the Central Oregon Youth Conservation Corps! Please **read this letter VERY CAREFULLY** and share it with your parent/guardian. *You are not officially on board until you complete all the steps in this letter!*

The program takes place Monday-Thursday, 6:30am-4pm from July 3rd - August 24th. In order to participate, **you must be available to work Monday-Thursday for these full 8 weeks**. (You will have 2 days off: July 4th and August 21st.)

Your Crew Headquarter Location: Redmond Fire & Rescue Station 403 (911 SE Salmon Ave)

If you are 17 or older by May 22nd, you are also eligible **for an AmeriCorps college scholarship of $1,221!** See page 2 for more information.

How do I accept this job and start the program?

1. **Call 541-633-7834 during business hours (Mon-Fri, 8-5) by Thursday, May 18th at 5:00pm** to accept. Ask for Yancy.

2. When you call, you will have an opportunity to talk about the AmeriCorps scholarship.

3. Complete all of the enclosed paperwork, including parent signatures. ***Please use blue or black ink, only.****

4. Attend a COYCC Orientation (see below for time/date/location) and bring:
    a. The hiring paperwork with parent signatures (unless you are 18).
    b. **Photo ID**, AND **[social security card** OR **birth certificate]** *(You'll need all 3 if you want the scholarship.)*
    c. Signed AmeriCorps Scholarship paperwork (if applying).

Redmond Orientation:

Tuesday, June 6th at 5:30pm at Becky Johnson Community Center (412 SW 8th Street, Redmond)

You must attend orientation. Parents are welcome!

5. Start work on July 3, 2017

Congratulations again! **Remember to call to accept your position! 541-633-7834**

-Yancy Wilkenfeldt, yancy.wilkenfeldt@heartoforegon.org

Students! Parents! Do not miss this $1,221 AmeriCorps Scholarship Opportunity!

If you are 17 years of age or older by May 22nd, then we have an amazing opportunity for you to earn an education award during your time in the summer program! If you are interested in attending college then you are eligible to earn a **$1,221 AmeriCorps education award** upon completing COYCC. You have 7 years to use your scholarship at any Title IV post-secondary school!
What you must do to earn the scholarship:

1. **When you call to accept your position, tell us that you are interested in the AmeriCorps scholarship opportunity.**

2. We will send you AmeriCorps paperwork to complete and bring to your orientation.
   a. This paperwork **MUST** be completed and signed by both you and a parent/guardian.
   b. If you do not have the paperwork complete at orientation, you will not be eligible.

3. Once enrolled to earn an AmeriCorps award, you must complete **300** hours of service *before* the program end date, which *includes* the hours you are working with the Forest Service (270 hours). This means you will be required to complete at least **30 hours of extra community service** on your days off during the summer in order to make sure you get to 300 hours (assuming you have perfect attendance).

4. After you have completed 300 hours, you will receive exit paperwork to fill out before your scholarship is approved. You then log on to an online system to request your scholarship when you start attending college. It is an easy process - and *why not* earn an extra scholarship for your work this summer? (With the scholarship, your financial takeaway will equal almost $15/hour!)

<u>What we will need at orientation for the AmeriCorps Scholarship:</u>

- A copy of your photo ID –AND-
- A copy of your Birth Certificate –AND-
- A copy of your Social Security Card –AND-
- All AmeriCorps enrollment forms complete with parent signature

This is a GREAT way to earn some extra money for college. Please let us know if you are interested as soon as possible, as slots for the scholarship opportunity are limited! We will complete AmeriCorps Orientation on the same night as COYCC Orientation. If you have any questions, please don't hesitate to contact me.

Yancy Wilkenfeldt
Summer Program Coordinator, Heart of Oregon Corps
541-633-7834 / yancy.wilkenfeldt@heartoforegon.org

Heart of Oregon Corps Photo and Video Release Form

In consideration of my participation in approved activities of Heart of Oregon Corps or activities related to approved programs of Heart of Oregon Corps, I hereby authorize and grant permission to Heart of Oregon Corps to photograph and/or record me while participating in approved activities of Heart of Oregon Corps, or activities related to approved programs of Heart of Oregon Corps, and to use, produce, reproduce, copy, publish, distribute, exhibit and/or incorporate, alone or together with other materials, in whole or in part, photographs, videos, or any other means of reproduction of my image, likeness and/or voice obtained as a result of my participation in approved activities Heart of Oregon Corps, or activities related to approved programs of Heart of Oregon Corps.

I hereby agree not to bring, or consent to others bringing, any claim, demand or action against Heart of Oregon Corps in any way related to the use, production, reproduction copying, publication, distribution, or exhibition of my image, likeness and/or voice. I hereby release and hold harmless Heart of Oregon Corps and its elected officials, officers, agents, employees and volunteers, and each of their respective heirs, executors, administrators, successors and assigns, for and against any and all requests or demands for payment or compensation, claims, actions, causes of actions, suits, costs, expenses, liabilities and/or damages whatsoever that I have or might have in connection with any use, production, reproduction, copying, publication, distribution, or exhibition of my image, likeness and/or voice.

I further waive and relinquish any and all rights I have or might have to inspect or approve any photograph, videotape image, tape recording or other form of reproduction of my image, likeness or voice. This agreement shall not obligate Heart of Oregon to use, prepare, produce, exhibit or distribute any photograph, videotape, image, and likeness or voice reproduction. I further agree that Heart of Oregon Corps has my consent and permission and the right to assign its rights hereunder, in whole or in part, to any person, firm or corporation.

□ AGREED TO AND ACCEPTED □ REFUSED (*notify Staff of this selection*)

_____ _____

Participant Name (please print) Parent/Guardian Name *(if member is a minor)*

_____ _____

Participant Signature/Date Parent Signature/Date *(if member is a minor)*

Heart of Oregon Corps - Central Oregon Youth Conservation Corps

Enrollment Demographics Form

Heart of Oregon Corps is a non-profit organization that partly depends on public and private grants for funding.

These grants require us to collect the following information. All information will be kept confidential.

First Name:	**Middle Initial:**	**Last Name:**
Home Phone:	**Cell Phone:**	**Email:**
Address:		**Apt/Suite:**
City:	**State:**	**Zip Code:**
Social Sec. Number:	**Date of Birth:**	**Age at Enrollment:**
Citizenship Status: ☐ US Citizen ☐ US National ☐ Lawful Permanent Resident Alien ☐ Other	**Gender:** ☐ Male ☐ Female	**Race/Ethnicity:** ☐ Asian/Pacific Islander ☐ Black ☐ Native American ☐ White ☐ Multi-Racial ☐ Other ☐ Hispanic

School Status: ☐ In school at enrollment ☐ Out of school at enrollment, dropped out ☐ Out of school at enrollment, graduated	**If out of school at enrollment**, how long have you been out of school for? ☐ Less than 6 months ☐ 6 months or more
Last Grade Level *Completed* : ☐ 7th ☐ 10th ☐ HS Diploma Obtained ☐ 8th ☐ 11th ☐ GED Obtained ☐ 9th ☐ 12th ☐ College Courses	**How many college courses have you taken?** **Do you have an IEP in school?** ☐ Yes ☐ No
Living Arrangements: ☐ Stable housing arrangements (with family, etc) ☐ Foster care ☐ Independent living (paying rent) ☐ Temporary housing/homeless (includes shelter, residential program, couch surfing, etc.)	**Household Total Income Level:** ☐ Below $15,000 (less than minimum wage, FT) ☐ $15,001-$25,000 (1 person @ minimum wage FT) ☐ $25,001 - $40,000 (2 people @ minimum wage FT) ☐ $40,001 - $60,000 ☐ Above $60,001
Are you receiving public assistance benefits?	☐ Yes ☐ No ☐ Copy of OR Trail Card/Other
Is this your first work experience?	☐ Yes ☐ No
Before you joined HOC, were you unemployed? ☐ Yes ☐ No	**How long were you unemployed for?** ☐ Less than 6 months ☐ Six months or more
Do you have children? ☐ Yes ☐ No	**If so, are you the primary caregiver?** ☐ Yes ☐ No
Number of people in your household:	

Heart of Oregon Corps - AmeriCorps Program

Enrollment Demographics Form

Are you in an intensive post-prison program?	☐ Yes	☐ No
Previous or current court involvement?	☐ Yes	☐ No
Have you ever been incarcerated?	☐ Yes	☐ No
Are you on probation/parole?	☐ Yes	☐ No
PO's name and phone number:		
Has anyone in your house been incarcerated?	☐ Yes	☐ No
Previous or current involvment in foster care?	☐ Yes	☐ No
Do you have a disability? (physical, mental, or learning disability):	☐ Yes ☐ Prefer not to answer	☐ No
Specific disability if present:		

Highest education level of Parent 1:

☐ Less than a high school diploma.

☐ High school diploma or GED and NO college.

☐ Some college.

☐ College degree.

☐ Advanced college degree.

☐ Unknown.

Highest education level of Parent 2:

☐ Less than a high school diploma.

☐ High school diploma or GED and NO college.

☐ Some college.

☐ College degree.

☐ Advanced college degree.

☐ Unknown.

Referred By:

☐ Probation/Parole Officer

☐ Teacher/Guidance Counselor

☐ Current or former Corpsmember

☐ Community agency

☐ Family

☐ Other

Program Start Date:

HEART OF OREGON CORPS
Empowering change.

Crew Leader/Program Staff Notes:

Heart of Oregon Corps Member Medical History Form

INSTRUCTIONS: All the questions on this form are important. The purpose of this data is to safeguard the health, safety and welfare of the enrollees of this youth corps program. This information may be provided to a physician in the event that treatment is necessary. Please be as SPECFIC and DETAILED as possible. This information is provided on a voluntary basis. Failure to complete this form however, results in exclusion from the corps program.

PART I - General Information

APPLICANT

Name _____

Gender Male___ Female___ Other ___ Ht. ___ Wt. ___ Shoe ___

Age: DOB: / /

Address_____Apt. _____

City/State/Zip _____

Daytime Phone # ( ) _____

Evening Phone # ( ) _____

Email Address _____

Do you speak/understand English? Yes____ No____

PARENT/GUARDIAN

Name _____

Phone # ( ) _____

Email Address _____

EMERGENCY CONTACT (other than parent/guardian)

Name _____

Relationship _____

Phone # ( ) _____

PART II - Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE ____ or…

Allergy	Reaction	Medication Required (if any)

B. Current Medications (Including psychiatric and over-the-counter) NONE ____ or…

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects

Heart of Oregon Corps recommends that participants have a tetanus immunization (within 10 years)

PART III Health Profile (if yes to any of the following please list the # and explain on the back of this form)

#	Please √ one—If yes, describe below	Y	N	#	Please √ one—If yes, describe below	Y	N
1	Seizure within the past 1 year			6	Do you have any dietary restrictions? Specify on back of form		
2	Hospitalization / Emergency Room / Urgent Care visit within the past 1 year			7	Neck / Back / Shoulder / Knee / Ankle / Shoulder or other joint problem		
3	Asthma (If yes, do you have a current/full inhaler – detail on back of this form)			8	Currently Pregnant		
4	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, or exertional dizziness or faint spells			9	Other cardiac conditions, e.g. heart murmur or other rhythm abnormality		
5	Gastrointestinal Problems			10	Other medical issues (please list):		

Written Explanations for PART III:

Describe the history of any Health Profile question you answered yes to in as much detail as possible. Please first list the number then the description.

PART VII - Participant Signature Required

I authorize Heart of Oregon Corps (HOC) to release information regarding my participation in programs conducted by HOC to the above stated emergency contact(s) and fellow participants as necessary. This information includes, but is limited to: Duration of event/trip, Medical Information, Legal Information. I will not hold the Corps program responsible for any non-program related accident or illness, and I authorize first aid or emergency medical care to be performed at the nearest medical facility approved by the program. To my knowledge I have not been exposed to a contagious or infectious disease in the past three weeks. I am in a state of health that would allow full participation in all Corps activities.

Signature of Applicant Date

This is to certify that I am familiar with the Corps program and give my consent for my son/daughter/ward to participate in the program as a member. I will not hold the Corps program responsible for any non-program related accident or illness, and I authorize first aid or emergency medical care to be performed at the nearest medical facility approved by the program.

Signature of Parent or Guardian Date

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	**A** _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. } . . .	**B** _____
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	**C** _____
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	**D** _____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . .	**E** _____
F	Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . (**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	**F** _____
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children. • If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.	**G** _____
H	Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ►	**H** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2017

1	Your first name and middle initial	Last name	**2** **Your social security number**
	Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
	City or town, state, and ZIP code	**4** **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ► ☐	

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	**5**	
6	Additional amount, if any, you want withheld from each paycheck	**6**	$
7	I claim exemption from withholding for 2017, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ►	**7**	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ► **Date** ►

8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Required Identification Documents

These are required for <u>all</u> youth, per federal law.

Option A:	*Option B:*
U.S. Passport **AND** Social Security #	Photo ID Driver's License School ID card Tribal ID card **AND** [Birth Certificate **OR** Social Security Card]

These documents are required by all U.S. employers. Getting these documents together is a critical first step in transitioning into the workforce. Keep copies of them in an easy-to-access place so you can pull them out for your next job. This might be a good time to memorize your Social Security number, as well—you will have to use that over and over throughout your life, especially with employers!

If you need advice on how to obtain a replacement of any of the documents above, use the information below. **Act now: replacing a birth certificate can take over a month!** If you have any problems, please contact Yancy Wilkenfeldt.

Getting a replacement birth certificate: Search online by state. For Oregon, mail in the form and payment. Get the form at: http://public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords/Pages/faqs.aspx

Getting a replacement Social Security Card: http://www.socialsecurity.gov/ssnumber/ (1-800-772-1213)
Social Security Office: 336 SW Cyber Drive, Suite 100, Bend OR 97702

Getting an Oregon photo ID: http://www.oregon.gov/ODOT/DMV/pages/driverid/idget.aspx

HEART OF OREGON CORPS
Empowering change.

Heart of Oregon Corps | Yancy Wilkenfeldt

Ph: 541-633-7834 | Fax 541-306-3703 | yancy.wilkenfeldt@heartoforegon.org

Acknowledging Receipt of Corpsmember Handbook

I have received a copy of the Corpsmember Handbook, specifying policies, practices, and regulations, which I agree to observe and follow during my training and participation with Heart of Oregon Corps. **I understand that it is my responsibility to be familiar with its contents and to ask questions on any matters I don't understand.**

_____

Corpsmember's Printed Name

_____

Corpsmember's Signature Date

Young Women's Natural Resources Career Camp

for the greatest good

DISCOVER YOUR FOREST

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To learn more and apply, visit discoveryourforest.org/young-womens-natural-resource-career-camp/