

# Youth Conservation Corps Reference Book



DEPARTMENT OF THE INTERIOR  
UNITED STATES DEPARTMENT OF AGRICULTURE



NATIONAL PARK SERVICE, FISH AND WILDLIFE  
SERVICE & FOREST SERVICE

May 1999

**UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
FISH AND WILDLIFE SERVICE**

**AND**

**UNITED STATES DEPARTMENT OF AGRICULTURE  
FOREST SERVICE**

**March 1999**

***About this Reference Handbook:***

***The goal of this Handbook is to provide consistency among the agencies responsible for implementing the Youth Conservation Corps (YCC) Program and to provide guidance in the establishment and operations of the YCC Program throughout these agencies.***

***Supervisors who are responsible for the YCC Program should review this guidebook carefully. Please note the following:***

- ***“Service” means Fish and Wildlife Service, National Park Service and Forest Service.***
- ***The term Host Site is used interchangeably to mean park, monument, refuge, hatchery, district, station, area, forest, etc.***
- ***Each Agency will determine the disposition of forms.***

**Acknowledgements to the head of each agency and to the program managers of Fish and Wildlife Service and the USDA Forest Service, who with their time and effort, made it possible for this Handbook to be published. We would also like to extend a special thanks to William Jones, Program Manager, National Park Service, for his support and determination to have this Handbook revised by initiating a task force, which consisted of:**

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**and**

**to the entire  
Youth Conservation  
Corps staff at each agency**

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**The YCC is a summer employment program for young males and females from all segments of society, who work, learn and earn together by doing projects on public land.**

### **AUTHORITY**

**The YCC program will be administered in accordance with Public Law 93-408 (Exhibit i.1) and an interagency Letter of Cooperation (Exhibit i.2). The organization and management of individual YCC projects will be governed by program objectives, budget limitations, and guidelines established by the Service. Within these objectives, limitations and guidelines, individual program operations, public information and community relations concerning YCC will be the responsibility of the Host Site Supervisor.**

### **PROGRAM ELIGIBILITY**

**Young men and women, 15 through 18 years of age, who are citizens of the United States, its territories or possessions are eligible for employment without regard to social economic, racial, or ethnic backgrounds.**

**Requirements are:**

- 1. Must be at least 15 years of age before or on the first day of work and not have reached 19 years of age during the duration of the program at the host site where they are employed.**
- 2. Are citizens of the continental United States, its territories, possessions, or trust territories.**
- 3. Possess a social security card and have a work permit (if required) before first working day of YCC program.**
- 4. In situations where there are insufficient applications for enrollee positions, the Project Leader may utilize previous enrollees. However, they may not be employed until after all first year applicants and alternates have been contacted and offered employment.**

### **YCC OBJECTIVES**

**The stated purpose of the YCC is to further the development and maintenance of the natural resources of the United States by America's youth, and, in so doing, to prepare them for the ultimate responsibility of maintaining and managing these resources for the American people.**

***There are three equally important objectives as reflected in the law:***

- 1. Accomplish needed conservation work on public lands.***
- 2. Provide gainful employment for young males and females from all social, economic, ethnic, and racial classifications.***
- 3. Develop an understanding and appreciation in the participating youth of the Nation's natural environment and heritage.***

***These objectives are accomplished in a manner that provides the youth with an opportunity to acquire increased self-discipline. They learn work ethics, how to relate to peers and supervisors, and how to build lasting cultural bridges with youth from other backgrounds.***

PUBLIC LAW 93-408--SEPT. 3, 1974

Public Law 93-408

September 3, 1974  
[S.1871]

AN ACT

To amend the Youth Conservation Corps Act of 1972 (Public Law 92-597, 86 Stat. 1319) to expand and make permanent the Youth Conservation Corps, and for other purposes.

Youth Conserva-  
tion Corps Act  
of 1970, amend-  
ment.  
42 USC prec.  
2711 note.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act of August 13, 1970 (84 Stat. 794) is amended to read as follows:*

"POLICY AND PURPOSE

16 USC 1701.

"SECTION 1. The Congress finds that the Youth Conservation Corps has demonstrated a high degree of success as a pilot program wherein American youth, representing all segments of society, have benefited by gainful employment in the healthful outdoor atmosphere of the national park system, the national forest system, other public land and water areas of the United States and by their employment have developed, enhanced, and maintained the natural resources of the United States, and whereas in so doing the youth have gained an understanding and appreciation of the Nation's environment and heritage equal to one full academic year of study, it is accordingly the purpose of this Act to expand and make permanent the Youth Conservation Corps and thereby further the development and maintenance of the natural resources by America's youth, and in so doing to prepare them for the ultimate responsibility of maintaining and managing these resources for the American people.

"YOUTH CONSERVATION CORPS

16 USC 1702.

Participants.

"SEC. 2. (a) To carry out the purposes of this Act, there is established in the Department of the Interior and the Department of Agriculture a Youth Conservation Corps (hereinafter referred to as the 'Corps'). The Corps shall consist of young men and women who are permanent residents of the United States, its territories, possessions, trust territories, or Commonwealth of Puerto Rico who have attained age fifteen but have not attained age nineteen, and whom the Secretary of the Interior or the Secretary of Agriculture may employ without regard to the civil service or classification laws, rules, or regulations, for the purpose of developing, preserving, or maintaining the lands and waters of the United States.

Equal oppor-  
tunity and em-  
ployment, term.

"(b) The Corps shall be open to youth from all parts of the country of both sexes and youth of all social, economic, and racial classifications with all Corps members receiving compensation consistent with work accomplished, and with no person being employed as a member of the Corps for a term in excess of ninety days during any single year.



PUBLIC LAW 93-408—SEPT. 3, 1974

“SECRETARIAL DUTIES AND FUNCTIONS

“SEC. 3. (a) In carrying out this Act, the Secretary of the Interior and the Secretary of Agriculture shall—

16 USC 1703.

“(1) determine the areas under their administrative jurisdictions which are appropriate for carrying out the programs using employees of the Corps;

“(2) determine with other Federal agencies the areas under the administrative jurisdiction of these agencies which are appropriate for carrying out programs using members of the Corps, and determine and select appropriate work and education programs and projects for participation by members of the Corps;

“(3) determine the rates of pay, hours, and other conditions of employment in the Corps, except that all members of the Corps shall not be deemed to be Federal employees other than for the purpose of chapter 171 of title 28, United States Code, and chapter 81 of title 5, United States Code.

28 USC 2671.

5 USC 8101.

“(4) provide for such transportation, lodging, subsistence, and other services and equipment as they may deem necessary or appropriate for the needs of members of the Corps in their duties;

“(5) promulgate regulation to insure the safety, health, and welfare of the Corps members; and

Regulations.

“(6) provide to the extent possible, that permanent or semi-permanent facilities used as Corps camps be made available to local schools, school districts, State junior colleges and universities, and other education institutions for use as environmental/ecological education camps during periods of nonuse by the Corps program.

Facilities, availability to educational institutions.

Costs for operations maintenance, and staffing of Corps camp facilities during periods of use by non-Corps programs as well as any liability for personal injury or property damage stemming from such use shall be the responsibility of the entity or organization using the facility and shall not be a responsibility of the Secretaries or the Corps.

“(b) Existing but unoccupied Federal facilities and surplus or unused equipment (or both), of all types including military facilities and equipment, shall be utilized for the purposes of the Corps, where appropriate and with the approval of the Federal agency involved. To minimize transportation costs, Corps members shall be employed on conservation projects as near to their places of residence as is feasible.

Unoccupied Federal facilities and surplus equipment, use.

“(c) The Secretary of the Interior and the Secretary of Agriculture may contract with any public agency or organization or any private nonprofit agency or organization which has been in existence for at least five years for the operation of any Youth Conservation Corps project.

Contract authority.

“GRANT PROGRAM FOR STATE PROJECTS

“SEC. 4. (a) The Secretary of the Interior and the Secretary of Agriculture shall jointly establish a program under which grants shall be made to States to assist them in meeting the cost of projects for the employment of young men and women to develop, preserve, and maintain non-Federal public lands and waters within the States. For purposes of this section, the term ‘States’ includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, the Trust Territory of the Pacific Islands, and American Samoa.

16 USC 1704.

“States.”

PUBLIC LAW 93-408—SEPT. 3, 1974

Application re-  
quirements.

“(b) (1) No grant may be made under this section unless an application therefor has been submitted to, and approved by, the Secretary of the Interior and the Secretary of Agriculture. Such application shall be in such form, and submitted in such manner, as the Secretaries shall jointly by regulation prescribe, and shall contain—

“(A) assurances satisfactory to the Secretaries that individuals employed under the project for which the application is submitted shall (i) have attained the age of fifteen but not attained the age of nineteen, (ii) be permanent residents of the United States or its territories, possessions, or the Trust Territory of the Pacific Islands, (iii) be employed without regard to the personnel laws, rules, and regulations applicable to full-time employees of the applicant, (iv) be employed for a period of not more than ninety days in any calendar year, and (v) be employed without regard to their sex or social, economic, or racial classification; and

“(B) such other information as the Secretaries may jointly by regulation prescribe.

“(2) The Secretaries may approve applications which they determine (A) to meet the requirements of paragraph (1), and (B) are for projects which will further the development, preservation, or maintenance of non-Federal public lands or waters within the jurisdiction of the applicant.

Limitation.

“(c) (1) The amount of any grant under this section shall be determined jointly by the Secretaries, except that no grant for any project may exceed 80 per centum of the cost (as determined by the Secretaries) of such project.

Payments.

“(2) Payments under grants under this section may be made in advance or by way of reimbursement and at such intervals and on such conditions as the Secretaries find necessary.

“(d) Thirty per centum of the sums appropriated under section 6 for any fiscal year shall be made available for grants under this section for such fiscal year.

“SECRETARIAL REPORTS

Joint report to  
President and  
Congress.  
16 USC 1705.

“SEC. 5. The Secretary of the Interior and Secretary of Agriculture shall annually prepare a joint report detailing the activities carried out under this Act and providing recommendations. Each report for a program year shall be submitted concurrently to the President and the Congress not later than April 1 following the close of that program year.

“AUTHORIZATION OF APPROPRIATIONS

16 USC 1706.

“SEC. 6. There are authorized to be appropriated amounts not to exceed \$60,000,000 for each fiscal year, which amounts shall be made available to the Secretary of the Interior and the Secretary of Agriculture to carry out the purposes of this Act. Notwithstanding any other provision of law, funds appropriated for any fiscal year to carry out this Act shall remain available for obligation and expenditure until the end of the fiscal year following the fiscal year for which appropriated.”

Approved September 3, 1974.

**YOUTH PROGRAMS**

**LETTER OF COOPERATION**

**BETWEEN THE**

**U.S. DEPARTMENT OF THE INTERIOR**  
**NATIONAL PARK SERVICE AND FISH AND WILDLIFE SERVICE**

**AND**

**U.S. DEPARTMENT OF AGRICULTURE**  
**FOREST SERVICE**

This Letter of Cooperation amplifies the agreement between the Department of the Interior and the Department of Agriculture for implementing the Youth Conservation Corps Act, Public Law 93-408, dated September 3, 1974, to continue the operations of Youth Conservation Corps and related programs for youth and young adults.

**AUTHORITY AND PURPOSE**

This Letter of Cooperation supersedes the August 11, 1994, Letter of Cooperation, between the National Park Service and the Fish and Wildlife Service, Department of the Interior, and the Forest Service, Department of Agriculture, for the purpose of carrying out the provision of Public Law 93-408, the Youth Conservation Corps Act.

The purpose of the Youth Conservation Corps is to accomplish needed conservation work on public lands; to provide gainful employment for 15 through 18-year old male and female students from all social, economic, ethnic, and racial classifications; and to instill within the participating youth an environmental understanding and appreciation of the Nation's natural, historical, recreational and cultural heritage.

**RESPONSIBILITIES OF THE AGENCIES**

Under the provisions of the above authorities, the Forest Service, Fish and Wildlife Service and the National Park Service will:

- a. Determine the areas under their administrative jurisdictions, which are appropriate for carrying out the program, and select appropriate work and environmental awareness projects for participation by corps members.
- b. Determine the amount of resources which will be allocated by their respective agencies from other agency appropriations.
- c. Provide necessary personnel, vehicles, work supplies and other items for implementation of the program.
- d. Provide administrative expense funds. Where economically viable, mutually benefiting administrative activities, such as payroll enrollees, reports and supplies, may be financed jointly.
- e. Prepare an annual report detailing the activities carried out under these authorities.
- f. Utilize their regulations to ensure the safety, health, and welfare of corps members.
- g. Consolidate the procurement of materials such as patches, decals, hats, T-shirts, forms and certificates allowing for greater efficiency. This will permit one agency or bureau to establish, by agreement, an interdepartmental procurement system and allow other agencies or bureaus to obtain supplies either directly or indirectly from the same vendor.

### **ENROLLEE PAY, SELECTION AND ASSIGNMENT**

It is agreed that each agency:

- a. Enrollees age 16 and over may work up to 50 hours per week and up to 10 hours per day. In excess of 40 hours per week, overtime will be paid in accordance to the Federal guidelines.
- b. Enrollees pay rate will be the same as the established Federal minimum wage.
- c. Enrollees in States with a minimum wage higher than the Federal will be paid at the higher rate. Coordination between agencies should ensure that all enrollees hired by agencies under this agreement are paid the same wages within a State or geographic area.
- d. Youth Leaders will be paid at an hourly rate of 15 percent above the enrollee wage rates.
- e. Camps and projects may operate for a maximum of 90 working days which may be computed as 720 hours.

- f. Enrollees will be paid for Federal holidays. Pay will be determined by Federal guidelines on holiday pay.
- g. Recruitment of enrollees will be conducted by local school systems, Employment Security Offices, and /or hosting agencies. The enrollee recruiting period will remain open until April 15.
- h. There will be random selections from all social, economic, ethnic, and racial diversity; the program will consist of 50 percent males and 50 percent females. The selection process will be conducted in a public forum. The program manager of each host site will make final selection of enrollees.
- i. Enrollees will be selected without regard to civil service or classification laws, rules or regulations. They will not be considered government employees other than for the purposes of Chapter 171 of Title 28, United States Code, (Tort Claims), and Chapter 81 of Title 5, United States Code (Workmen's Compensation).
- j. In situations where two or more of the agencies will share a common recruitment area, the local program managers of each agency are directed to mutually combine their recruitment efforts and jointly participate in the enrollee selection. This coordination should prevent the selection of an enrollee by two or more of the agencies.
- k. Where summer youth programs are being operated by individual States under their own authorities and appropriations, the agencies mentioned in this letter are directed to coordinate with State Program Managers to conduct a recruitment program in harmony with one another and minimize direct competition for enrollees.

## **PUBLIC INFORMATION AND COMMUNITY RELATIONS**

The overall responsibility for the public information and community relations policies concerning the Youth Conservation Corps program is vested in the bureau or agency heads.

## **COORDINATION COMMITTEE**

For the purpose of implementing this Letter of Cooperation, an Interior-Agriculture coordination committee shall be established consisting of representatives from each Department who will serve as members of this committee in addition to their other official duties.

The co-chairpersons of this committee will be the YCC National Coordinator for the National Park Service, Fish and Wildlife Service, and the Forest Service. Other members may be appointed to the committee for such purposes as deemed necessary and advisable by the co-chairpersons.

Mike Dornbeck  
Chief  
Forest Service  
Department of Agriculture

10/6/98  
Date

John G. Rogers  
Director  
Fish and Wildlife Service  
Department of the Interior

9/25/98  
Date

Robert A. Anderson  
Director  
National Park Service  
Department of the Interior

September 19, 1998  
Date

# *Enrollees*



## I. ENROLLEES

### 1. RECRUITMENT

Project Leaders are responsible for coordinating and organizing the recruitment of enrollees. They may advertise through school systems, employment security offices, word of mouth, radio or television announcements, and posting in local areas. YCC applications (Exhibit I.1) are available through your Regional Office. Participation is voluntary; however, consent of the parent or legal guardian is required for all applicants under 18 years of age. Project Leaders are responsible for ensuring that the applicant pool represents a good diversity of the young people in their communities. This means representation proportional to that of the local communities.

In situations where one or more of the Federal agencies shares a common recruitment area, the local Project Leaders should combine their recruitment efforts and jointly participate in enrollee selection. This coordination should minimize multiple applications and prevent the selection of an enrollee by more than one agency. Where summer youth programs are operated by States under their own authorities and appropriations, the Project Leaders should coordinate with State personnel to conduct a harmonious recruitment program and to eliminate direct competition for enrollees.

The sons and daughters or other relatives of Service employees may apply for and be selected for the YCC program, provided they receive no special consideration in recruitment and selection, and are treated identically with other applicants. Project Leaders should always avoid having enrollees supervised by their relatives.

The Host Sites will select commencing dates, but recruitment must last a minimum of 6 weeks, and terminate approximately on or about April 15. This will allow ample time for selection and notification prior to the start of the program.

### 2. DIVERSITY

With long standing traditions of preserving and protecting national treasures, the Service has superbly served wide ranges of visitors who represent all segments of the American society. However, the overall work force is not fully reflective of the multi-lingual, multi-cultural and disabled visitors that are served. Listed below are some approaches that may be taken to increase the diversity in your areas:

- Focus on recruitment of highly qualified diverse candidates through establishing effective relationships with youth organizations, high schools, churches, community centers, and other federal agencies.



- Establish and maintain a recruitment sources database wherein effective recruitment sources can be listed and shared among the bureaus.
- Have attractive fliers and brochures and other recruitment materials posted visibly in establishments frequently used by youths.
- Establish an outreach program with organizations that provide assistance to candidates with disabilities.

### 3. SELECTION

Enrollees will be selected without regard to civil service or classification laws, rules or regulations. They will not be considered government employees other than for the purpose of Chapter 171 of Title 28, United States Code, (Tort Claim) and Chapter 81 of Title 5, United States Code (Workers' Compensation).

Departmental guidance and regulations indicate that selection should be based on a 50 percent male and 50 percent female ratio. The selection process will be conducted in a public forum by a random method. More selections may be drawn than slots available in order to assure a sufficient number of enrollees in case of declination or dropouts. After selection, enrollees should be notified and given the opportunity to accept or decline. This must be done based on the order of drawing. No criteria may be utilized for enrollee selection other than age and fitness for work. Background checks are not authorized. The Project Leader may choose to conduct an orientation meeting for all potential enrollees. At this meeting, the Project Leader will advise the potential enrollees of the proposed work projects, the enrollees' responsibilities and the Project Leaders' expectations.

If enrollees are terminated or drop out after the program commences, the vacant positions should be offered to others on the alternate list in the order of original selection.

Special selections for a disabled program must be approved by the Host Site Supervisor and Regional Safety Officer.

### 4. YOUTH LEADERS

The primary roles of Youth Leaders are:

- a. To set an example for other enrollees;
- b. To provide leadership among their peers; and
- c. To assist program staff in project supervision and program operations.

Youth Leaders may be either previous or current YCC enrollees who will not reach age 19 during the duration of the program at the station where they are employed. Youth Leaders may be reselected in subsequent years, providing they still meet age requirements.

The number of Youth Leaders may not exceed 20 percent of the total enrollment within the Region. Sites with one enrollee may not elect to have the enrollee serve as a Youth Leader.

If previous YCC enrollees are employed as Youth Leaders, they will be exempt from the random selection process. Their payroll process is the same, as for regular YCC enrollees; however, they will receive an additional 15 percent per hour. Additional pay per hour may be different in the states of Alaska and Hawaii. YCC Coordinators in Alaska from the Service must jointly conduct a wage comparison among areas to determine a competitive wage for YCC participants. This should be approved by each agency.

#### 5. MEDICAL HISTORY

Each selected enrollee must complete a Medical History Form (Exhibit I.2) and have it signed by a parent or guardian. This form will be kept at the employing station in case medical attention is required during the employment period. The Medical History Form is a privacy document and should be treated accordingly. Regional Offices may require a copy of the Medical History Form. Project Leaders will review all medical forms and inform YCC staff and supervisors of any allergies or physical handicaps identified on the form. Supervisors will be expected to make reasonable and appropriate efforts to accommodate individual physical limitations identified and be prepared to administer first aid for problems identified. Host Site Supervisors, at their discretion, may require a physical examination at the government's expense.

#### 6. ADMINISTRATIVE PROCEDURES

Listed below are the administrative procedures for the YCC program:

a. TERM: Each enrollee will be offered no less than 320 hours (40 days) and no longer than 720 hours (90 days) during the YCC program year. Eight weeks is the norm.

b. HOURS: Work hours may be scheduled in any manner as long as they conform to local and Federal youth employment regulations. If the hosting site is utilizing flextime, enrollees may work according to the established schedule as long as they do not violate child labor laws. Enrollees' 15 years of age are prohibited from working more than 8 hours per day and 40 hours per week in accordance with child labor laws.

If enrollees 16 through 18 years old work more than 40 hours per week, they are paid at the overtime rate. When extreme weather or work conditions exist, it will be expected that work schedules will be adjusted to assure a safe and healthy work place.

c. LEAVE: YCC enrollees do not earn leave. Under extenuating circumstances, Project Leaders can grant leave without pay. Enrollees will be paid for Federal holidays if they are in pay status either the day before or the day after the holiday. Those who are required to work on a Federal holiday will be given a day off or paid overtime.

d. PAY: The enrollee's pay rate will be no less than the higher of either the established Federal minimum wage or the State minimum wage. Enrollees in Alaska and Hawaii will be paid at a different rate. The Alaska and Hawaii rates for the YCC program will be established based on competitive wages in these areas through coordination from the YCC Coordinators for the Service.

Enrollees 16 and over may work up to 50 hours per week and up to 10 hours a day. Overtime worked will be paid in accordance to the guidelines established by the Federal government.

e. ETHICS AND CONDUCT: All participants and staff involved with the YCC program should conduct themselves in accordance with the Ethics handbook. To obtain a copy of the handbook, check with your Human Resources Office.

f. TERMINATION: Parents or a legal guardian should be contacted prior to the disciplinary discharge of enrollees under 18 years of age. Termination will be accomplished by sending a memorandum or required Agency documents to the appropriate office. Documentation must include the enrollee's name, social security number, termination date, host site name, and reason for termination, e.g., voluntary, end of program, fighting, drug or alcohol use, foul language, sexual misconduct, etc., as soon as the termination date is known.

Unless terminated previously, all enrollees will automatically be terminated at the close of business on September 30 of the program year.

g. RECORDS: Enrollees' records are confidential and should be made available to authorized personnel only. Project Leaders and employees handling such records should be aware of their responsibilities for providing physical and technical safeguards to insure confidentiality and security as specified under the Privacy Act of 1974. Enrollees' records should be maintained in accordance with 43 CFR 2.71. The primary purpose in retaining these records is to insure coverage of the enrollee in case of tort claims or personal injuries. All records shall be maintained in accordance with the Privacy Act of 1974, 5 U.S.C. 522a.

## 7. LEGAL ASSISTANCE

YCC enrollees are subject to State and local laws and regulations. The Service provides no legal assistance for misconduct or other violations of the law. Arrangements for handling such an

incident is the responsibility of the parent or guardian for enrollees under 18 years of age and the individual over 18 years of age.

8. PROGRAM IDENTIFICATION

Hard hats with stick-on decals bearing the YCC emblem or soft hats with the embroidered YCC emblem should be utilized so that YCC enrollees and staff members can be identified easily. Items bearing the YCC insignia such as hats, T-shirts, patches, decals, and certificates should be made available to the participants by the Host Site. The enrollees from the Host Site may also purchase certain items. Host Site YCC funds may also be used for these purchases.

9. RESIDENTIAL CAMP FEE

Enrollees will be charged a daily assessment for room and board at residential camps. Assessments will be deducted from enrollee's gross pay. The Host Site supervisor will determine the fee.

# Youth Conservation Corps (YCC) 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.

Name (Last-First-Middle Initial)

[Grid for Name entry]

Social Security Number

[Grid for Social Security Number]

Male

Female

Date of Birth

[Grid for Date of Birth]

Month Day Year

Mailing Address (Street or P.O. Box)

[Grid for Mailing Address]

City

[Grid for City]

State

Zip Code

[Grid for State and Zip Code]

Area Code Telephone Number

[Grid for Home Telephone Number]

Home

Area Code Telephone Number

[Grid for Emergency Telephone Number]

In Case of Emergency

## Applicant's Statement

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.

(Signature of Applicant)

(County)

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

(Signature of Parent or Guardian)

(Date)

YCC is an Equal Opportunity Employer

# United States Youth Conservation Corps

## The Program

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.



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.

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 ( <i>Last, First, Middle Initial</i> )	2. Address ( <i>Street, City, State, including Zip Code</i> )
--	---

3. Do you have health and accident insurance?  <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list name of insurer in block 4.	4. Insured by and policy number.	5. Date of birth ( <i>Mo/Da/Yr</i> )
---	----------------------------------	--------------------------------------

6. Diseases ( <i>Enter x if you have had any of the diseases.</i> )  <input type="checkbox"/> Rheumatic <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes	7. Describe treatment if disease marked in block 6.
---	---

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 ( <i>identify</i> ) _____	Colds Sore throat Ear ache Bladder or intestinal infection Venereal disease Other ( <i>identify</i> ) _____	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 ( <i>identify</i> ) _____

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
<input type="checkbox"/> Diphtheria	_____	_____
<input type="checkbox"/> Polio Vaccine	_____	_____
<input type="checkbox"/> 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 ( <i>Read above statement before signing</i> )	Date
--	------

**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 (    )
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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**

- |   |   |   |
|---|---|---|
| <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> |
|---|---|---|

**Environmental factors**

- |  |  |  |
|--|--|--|
| <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> |
|--|--|--|

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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### Employment Eligibility Verification (Form I-9)

**Employee Information and Verification: (To be completed and signed by employee)**

Name: (Print or Type) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Name \_\_\_\_\_

Street Name and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_

### SELF-IDENTIFICATION OF HANDICAP (See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial \_\_\_\_\_ Birth Date (Mo./Yr.) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Enter Code Here: \_\_\_\_\_

DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities. Those handicaps that are to be reported are those that are in bold.

# Enrollee

## U.S. DEPARTMENT OF THE INTERIOR APPLICANT BACKGROUND SURVEY

**GENERAL INSTRUCTIONS**

The information from this survey issued by the U.S. Department of the Interior is used to determine if agency personnel practices meet the requirements of Federal law. Your response to these questions is voluntary. Please answer each question thoroughly before you submit each box.

**GENERAL INFORMATION**

This form is issued pursuant to Public Law 92-579 (Privacy Act of 1974), Section 31, for individuals completing Federal records and forms that solicit personal information.

Vacancy Announcement No.: \_\_\_\_\_

Position: \_\_\_\_\_

# Processing Instructions

### Youth Conservation Corps - YCC Enrollee Information Sheet

1. Name (Last, F) \_\_\_\_\_

How did you \_\_\_\_\_

1 - Private Ir \_\_\_\_\_

2 - Magazine \_\_\_\_\_

Circle Agency: FWS NPS Subbureau: \_\_\_\_\_ Date \_\_\_\_\_

From: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Block: \_\_\_\_\_

YCC Enrollee Name: \_\_\_\_\_ Org Code: \_\_\_\_\_

SSN: \_\_\_\_\_

1. OFFICIAL CORRESPONDENCE ADDRESS: \_\_\_\_\_

Used to \_\_\_\_\_

### Form W-4 (1999)

1. Complete Form W-4 so your employer withhold the correct Federal income tax on your pay. Because your tax situation may change, you may want to refigure your withholding each year.

2. **Exemption from withholding.** If you are exempt from withholding, you may, if you wish, complete only lines 1, 2, 3, 4, and 7, and check the box on the form to validate it. Your exemption

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

**Child tax and higher education credits.** For details on adjusting withholding for these and other credits, see Pub. 919, Is My Withholding Correct for 1999?

**Head of household.** Complete Form W-4 if you are the head of a household.

**Two earners/two 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 will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

CE,

## II. ENROLLEE PROCESSING INSTRUCTIONS

All enrollees will be processed and paid in accordance with procedures developed by Payroll. This handbook summarizes these procedures and provides instructions for completing the required forms for enrollees. All selected enrollees must have a social security number prior to being employed.

### REQUIRED FORMS PRIOR TO SELECTION

YCC Application Form, containing a parental/guardian signature. (Exhibit I.1)

### REQUIRED FORMS AFTER SELECTION PROCESS

All required forms to be used after the final selection process are attached at the end of this section unless otherwise noted within the chapter. After selection of enrollees, the following items must be completed at least 2 weeks before the beginning of the camp:

1. Forest Service Enrollees: W-4, Employee's Withholding Allowance Certificate and State Tax Form (if applicable). (Sample Form – Exhibit II.1)
2. NPS and FWS Enrollees: YCC Enrollee Information Sheet with attached W-4 Form. (Sample Form – Exhibit II.2)
3. YCC Medical History Form. (Exhibit I.2)
4. Background Survey - Voluntary (if needed). (Exhibit II.3)
5. NPS: SF-256 Self-Identification of Reportable Handicap - Voluntary (if needed). (Exhibit II.4)
6. Immigration and Naturalization Service Form I-9, Employee Eligibility Verification. (Exhibit II.5)

### ENROLLEE PAYROLL/TIME CARDS

The Host Sites are to submit time and attendance in accordance with current payroll instructions. Regional and Host Site YCC Coordinators will ensure current payroll procedures are followed. NPS and FWS YCC payroll actions are initiated and maintained in the Requesting Office only. YCC Coordinators at NPS and FWS Host Sites are to ensure that appropriate documents are provided to the designated Requesting Office in order for the office to input and establish a personnel/payroll master file. When processing YCC time and attendance data, NPS Requesting Office will access INYN and FWS Requesting Office will access INYF.

CHECK DISTRIBUTION

Checks will be distributed in accordance with designation cited.

# Form W-4 (1999)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**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 1999 expires February 16, 2000.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

**Child tax and higher education credits.** For details on adjusting withholding for these and other credits, see **Pub. 919, Is My Withholding Correct for 1999?**

**Head of household.** Generally, you may 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 line E below.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

**Two earners/two 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 will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul> </div>	<b>B</b>	_____
<b>C</b>	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. (This may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit:</b> <ul style="list-style-type: none"> <li>• If your total income will be between \$20,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.</li> <li>• If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children . . . . .</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. <b>Note:</b> This amount may be different from the number of exemptions you claim on your return. ▶	<b>H</b>	_____

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, have more than one job and your combined earnings from all jobs exceed \$32,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job 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.

----- Cut here and give the certificate to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>	OMB No. 1545-0010 <h1 style="font-size: 2em;">1999</h1>
1 Type or print your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 on your social security card, check here. You must call 1-800-772-1213 for a new card . . . . . <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) . . . . .		5 _____
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ _____
7 I claim exemption from withholding for 1999, 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 certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
Employee's signature (Form is not valid unless you sign it) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) _____		9 Office code (optional) _____
		10 Employer identification number _____

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1999 tax return.

<b>1</b>	Enter an estimate of your 1999 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1999, you may have to reduce your itemized deductions if your income is over \$126,600 (\$63,300 if married filing separately). Get Pub. 919 for details.)	<b>1</b>	\$ _____
<b>2</b>	Enter: { \$7,200 if married filing jointly or qualifying widow(er) \$6,350 if head of household \$4,300 if single \$3,600 if married filing separately	<b>2</b>	\$ _____
		<b>3</b>	\$ _____
		<b>4</b>	\$ _____
		<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 1999 adjustments to income, including alimony, deductible IRA contributions, and student loan interest	<b>6</b>	\$ _____
<b>7</b>	<b>Add</b> lines 3 and 4 and enter the total	<b>7</b>	\$ _____
<b>8</b>	Enter an estimate of your 1999 nonwage income (such as dividends or interest)	<b>8</b>	\$ _____
<b>9</b>	<b>Subtract</b> line 8 from line 7. Enter the result, but not less than -0-	<b>9</b>	\$ _____
<b>10</b>	<b>Divide</b> the amount on line 9 by \$3,000 and enter the result here. Drop any fraction	<b>10</b>	_____
<b>11</b>	Enter the number from Personal Allowances Worksheet, line H, on page 1	<b>11</b>	_____
<b>12</b>	<b>Add</b> lines 10 and 11 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, on page 1	<b>12</b>	_____

### Two-Earner/Two-Job Worksheet

**Note:** Use this worksheet only if the instructions for line H on page 1 direct you here.

<b>1</b>	Enter the number from line H on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here	<b>2</b>	_____
<b>3</b>	If line 1 is <b>GREATER THAN OR EQUAL TO</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. <b>DO NOT</b> use the rest of this worksheet	<b>3</b>	_____

**Note:** If line 1 is **LESS THAN** line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 1999. (For example, divide by 26 if you are paid every other week and you complete this form in December 1998.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	<b>9</b>	\$ _____

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$4,000	0	40,001 - 45,000	8	\$0 - \$5,000	0	65,001 - 80,000	8
4,001 - 7,000	1	45,001 - 54,000	9	5,001 - 11,000	1	80,001 - 100,000	9
7,001 - 12,000	2	54,001 - 62,000	10	11,001 - 16,000	2	100,001 and over	10
12,001 - 18,000	3	62,001 - 70,000	11	16,001 - 21,000	3		
18,001 - 24,000	4	70,001 - 85,000	12	21,001 - 25,000	4		
24,001 - 28,000	5	85,001 - 100,000	13	25,001 - 40,000	5		
28,001 - 35,000	6	100,001 - 110,000	14	40,001 - 50,000	6		
35,001 - 40,000	7	110,001 and over	15	50,001 - 65,000	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$50,000	\$400	\$0 - \$30,000	\$400
50,001 - 100,000	770	30,001 - 60,000	770
100,001 - 130,000	850	60,001 - 120,000	850
130,001 - 240,000	1,000	120,001 - 250,000	1,000
240,001 and over	1,100	250,001 and over	1,100

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or

records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 10 min., **Preparing the form** 1 hr., 10 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.

## Youth Conservation Corps – YCC Enrollee Information Sheet

Date \_\_\_\_\_

Circle Agency: **FWS**    **NPS**    Subbureau: \_\_\_\_\_    Block: \_\_\_\_\_  
 From: \_\_\_\_\_    Telephone #: \_\_\_\_\_    Org Code: \_\_\_\_\_  
 YCC Enrollee Name: \_\_\_\_\_    SSN: \_\_\_\_\_

**1. OFFICIAL CORRESPONDENCE ADDRESS:**

Used to mail Wage and Tax Statement (W-1). Enter permanent home address.

Name: \_\_\_\_\_  
 Street Address/PO Box: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**2. NET PAYCHECK WILL BE MAILED TO EMPLOYING FACILITY 9PARK/REFUGE OFFICE, SERVICE CENTER, REGIONAL OFFICE, ETC., OR LOCAL ADDRESS AS FOLLOWS:**

Employing Facility Name (if applicable): \_\_\_\_\_  
 Street Address/PO Box: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Virgin Islands and Puerto Rico ONLY: Designated Agent Code: \_\_\_\_\_

COMPLETE ITEM 3 AND W-4 ONLY IF YOU WANT TAXES WITHHELD FROM YOUR PAY.

**3. STATE AND LOCAL RESIDENCE INFORMATION**

To be used for authorization and calculation of State and local taxes.

City: \_\_\_\_\_    Circle Marital Status: **Single**    **Married**  
 State: \_\_\_\_\_    Number of State Tax Exemptions: \_\_\_\_\_  
 County: \_\_\_\_\_    Signature: \_\_\_\_\_

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>	OMB No. 1545-0010 <span style="font-size: 2em; font-weight: bold;">1999</span>
1 Type or print your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 on your social security card, check here. You must call 1-800-772-1213 for a new card <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) . . . . .		5 _____
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ _____
7 I claim exemption from withholding for 1999, 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 certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
Employee's signature _____ (Form is not valid unless you sign it) ▶		Date ▶ _____
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) _____		9 Office code (optional) _____
		10 Employer identification number _____

# U.S. DEPARTMENT OF THE INTERIOR APPLICANT BACKGROUND SURVEY

<p style="text-align: center;"><b>GENERAL INSTRUCTIONS</b></p> <p>The information from this survey issued to help ensure that agency personnel practices meet the requirements of Federal law. Your responses are voluntary. Please answer each of the questions to the best of your ability. Please print entries in pencil or pen. Use only capital letters. Read each item thoroughly before completing the appropriate code number in each box.</p>		<p style="text-align: center;"><b>PRIVACY ACT INFORMATION GENERAL</b></p> <p>This information is provided pursuant to public law 935-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information.</p> <p style="text-align: center;"><b>AUTHORITY</b></p> <p>Sections 1302, 3301, 3304 and 7201 of Title 5 of the U.S. Code</p> <p style="text-align: center;"><b>PURPOSES AND ROUTINE ISSUES</b></p> <p>The information from this survey is used for research and for a Federal equal opportunity recruitment program to help ensure that agency personnel practices meet the requirements of Federal Law.</p> <p style="text-align: center;"><b>EFFECTS OF NON DISCLOSURE</b></p> <p>Providing this information is voluntary. No individual personnel selections are made based on this information.</p> <p style="text-align: center;"><b>INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7 (b)</b></p> <p>Solicitations of the Social Security Number (SSN) by the Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. It is used to related this form with other records that you file with Federal Agencies.</p>							
Vacancy Announcement No.:	Date (Month, Day, Year):								
Position:									
1. Name (Last, First, MI):		2. Year of Birth:	3. Social Security Number						
		2 / 0 / / /	/ / - / - / - / / /						
4. How did you learn about the particular position or exam for which you are applying? (You may circle up to three choices).									
01 – Private Information Service 02 – Magazine 03 – Newspaper 04 – Radio 05 – TV 06 – Poster 07 – Private Employment Office 08 – State Employment office (Unemployment Office)		09 – Agency Personnel Department (Bulletin Board or Other Announcement) 10 – Agency or Other Federal Government Recruitment at School or College 11 – Federal, State, or Local Job Information Center 12 – Religious organization 13 – School or College Counselor of Other Official 14 – Friend or Relative Working for Agency 15 – Friend or Relative Not Working for Agency 16 – Other (Specify) _____							
5. Please categorize yourself in terms of race and sex using the definitions below. In the box in Block 7, place the RACE/ETHNIC Code which indicates the group with which you identify yourself. Check the appropriate box in Block 8, to show your sex.									
<b>DEFINITIONS</b>		6. Do you have disabilities							
A – American Indian or Alaska Native      D – Hispanic B – Asian or Pacific Islander                  E – White, Not of Hispanic Origin C – Black, Not of Hispanic Origin		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Yes</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">No</td> </tr> </table>				Yes			No
		Yes							
		No							
		7. Race/Ethnic Code							
		8. Sex:							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">1. Male</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">2. Female</td> <td></td> </tr> </table>		1. Male		2. Female			
1. Male									
2. Female									
<b>FOR BUREAU USE ONLY</b>									
Date Received (Mo., Day, Yr.)		PATCOB Code							
Bureau Code									
/ / / / / /		/ / / /							
/ / / /		/ / / /							
DI-1935: Dec. 93									

**SELF-IDENTIFICATION OF HANDICAP**  
(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date(Mo./Yr.) / /	Social Security Number / /	Enter Code Here⇒	
<b>DEFINITION OF A HANDICAP:</b> A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record or such impairment; or is regarded as having such impairment. Those handicaps that are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.				
<b>TO THE EMPLOYEE:</b> Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.	<b>PARTIAL PARALYSIS</b> (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.) <b>61</b> One hand <b>62</b> One arm, any part <b>63</b> One leg, any part <b>64</b> Both hands <b>65</b> Both legs, any part <b>66</b> Both arms, any part <b>67</b> One side of body, including one arm and one leg <b>68</b> Three or more major parts of the body (arms and legs)			
<b>01</b> I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)				
<b>05</b> I do not have a handicap.				
<b>06</b> I have a handicap but it is not listed below.				
<b>SPEECH IMPAIRMENTS</b>				
<b>13</b> Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation (unclear language sounds); stuttering; aphasia (impaired language function); laryngectomy (removal of the "voice box"))				
<b>HEARING IMPAIRMENTS</b>				
<b>15</b> Hard of hearing (total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid) <b>16</b> Total deafness in both ears, with understandable speech <b>17</b> Total deafness in both ears, and unable to speak clearly	<b>70</b> One hand <b>71</b> Both hands <b>72</b> One arm <b>73</b> Both arms <b>74</b> One leg <b>75</b> Both legs <b>76</b> Lower half of body, including legs <b>77</b> One side of body, including one arm and one leg <b>78</b> Three or more major parts of the body (arms and legs)			
<b>VISION IMPAIRMENTS</b>				
<b>22</b> Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected – "Tunnel vision") <b>23</b> Inability to read ordinary size print, not correctable by glasses (Can read oversize print or use assisting devices such as glass or projector modifier) <b>24</b> Blind in one eye <b>25</b> Blind in both eyes (No usable vision, but may have some light perception)	<b>OTHER IMPAIRMENTS</b> <b>80</b> Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery) <b>81</b> Heart disease with restriction or limitation of activity <b>82</b> Convulsive disorder (e.g., epilepsy) <b>83</b> Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia) <b>84</b> Diabetes <b>86</b> Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma) <b>87</b> Kidney dysfunctioning (e.g., if dialysis (Use of an artificial kidney machine) is required) <b>88</b> Cancer – a history of cancer with complete recovery <b>89</b> Cancer – undergoing surgical and/or medical treatment <b>90</b> Mental retardation (A chronic and lifelong condition involving a ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A) <b>91</b> Mental or emotional illness (A history of treatment of or mental or emotional problems) <b>92</b> Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis (severe distortion of back)) <b>93</b> Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects (gross facial birthmarks, clubfeet, etc.)) <b>94</b> Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written), e.g., dyslexia)			
<b>MISSING EXTREMITIES</b>				
<b>27</b> One hand <b>28</b> One arm <b>29</b> One foot <b>32</b> One leg <b>33</b> Both Hands or arms <b>34</b> Both feet or legs <b>35</b> One hand or arm and one foot or leg <b>36</b> One hand or arm and both feet or legs <b>37</b> Both hands or arms and one foot or leg <b>38</b> Both hands or arms and both feet or legs.				
<b>NONPARALYTIC ORTHOPEDIC IMPAIRMENTS</b>				
(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body) <b>44</b> One or both hands <b>45</b> One or both feet <b>46</b> One or both arms <b>47</b> One or both legs <b>48</b> Hip or pelvis <b>49</b> Back <b>57</b> Any combination of two or more parts of the body				



The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, with the exception of employees appointed under Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored). These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that any one not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

(In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.)

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel and time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

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#### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that were individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do will have effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.

## Employment Eligibility Verification (Form I-9)

<b>1 Employee Information and Verification: (To be completed and signed by employee)</b>			
Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	Zip Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_.)

I attest, under penalty or perjury, the documents that I have presented as evidence and employment eligibility are genuine and relate to me. I am aware that federal law provides for Imprisonment and/or fine for any false statements or use of false documents in connection with this certificates.

Signature	Date (Month/Day/Year)
-----------	-----------------------

**PREPARER TRANSLATOR CERTIFICATION** (To be completed if prepared by person other than the employee.) I attest, under penalty of perjury, that the above was prepared by me at the requires of the name individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

**2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)**

Instructions:

Examine one document from List A and check the appropriate box, OR examine one document form List B and one from List C and check the appropriate boxes. Provide the **Document Identification Number and Expiration** Date for the document checked.

List A Documents that Establish Identify and Employment Eligibility	List B Documents that Establish Identify	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. Unites States Passport	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State _____)	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
<input type="checkbox"/> 2. Certificate of United States	<input type="checkbox"/> 2. U.S. Military Card	<input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
<input type="checkbox"/> 3. Certificate of Naturalization	<input type="checkbox"/> 3. Other (Specify document and issuing authority) _____	<input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____
<input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization	Document Identification # _____	Document Identification # _____
<input type="checkbox"/> 5. Alien Registration Card with photograph	Expiration Date (if any) _____	Expiration Date (if any) _____
Document Identification # _____		
Expiration Date (if any) _____		

**CERTIFICATION:** I attest, under penalty or perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

## Employment Eligibility Verification

**NOTICE:** Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

### Section 1. Instructions to Employee/Preparer for completing this form

#### Instructions for the employee.

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986, must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number or Admission Number must be provided, as well as the date of expiration of that status, it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

All employees must sign and date the form.

#### Instructions for the preparer of the form, if not the employee.

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

### Section 2. Instructions to Employer for completing this form

For the purpose of completion of this form, the "employer" applies to employers and those who recruit or

Employers must complete this section by examining evidence of identify and employment eligibility, and:

- \* checking the appropriate box in List A or boxes in both List B and C;
- \* Recording the document identification number and expiration date (if any);
- \* Recording the type of form if not specifically identified in the list;

signing the certification section.

**NOTE: Employers are responsible for re verifying employment eligibility of employees whose employment eligibility documents carry an expiration date.**

Copies of documentation presented by an individual for the purpose of establishing identify and employment eligibility may be copied and retained for the purpose of complying with the requirements of this form and not other purpose. Any copies of documentation made for this purpose should be maintained with this form.

Name changes of employees which occur after preparation of this form should be recoded on the form by lining through the old name, printing the new name and the reason (such as marriage), and dating and initialing the changes. Employers should not attempt to delete or erase the old name in any fashion.

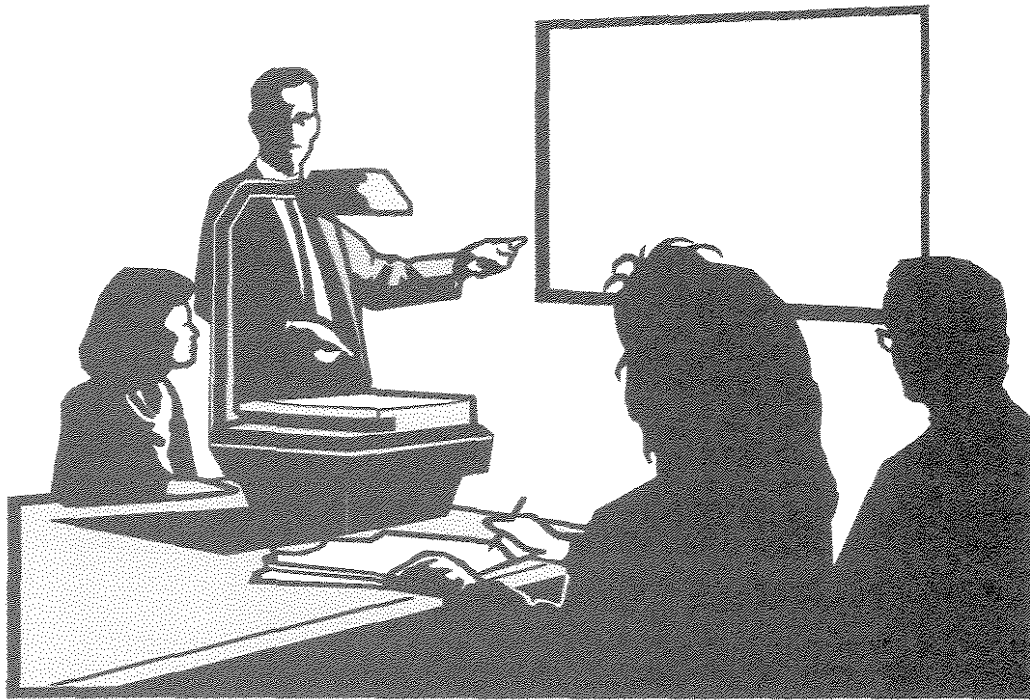
#### RETENTION OF RECORDS.

The completed form must be retained by the employer for:

- \* three years after the date of hiring; or
- \* one year after the date the employment is terminated; which is later.

Employers may photocopy or reprint this form as necessary.

# *Youth Conservation Corps Staff*



### III. YOUTH CONSERVATION CORPS STAFF

Project Leaders should be strongly advised to always perform an appropriate National Agency Inquiry Check (NACI) background check on any individual who is brought into the agency to work with the YCC program. The results of such checks should become and remain a part of the person's personnel file for the duration of the time that such work with minors continues. Disposition of the information upon the person's termination should follow the guidelines of the servicing Human Resources Office.

Employment of staff for YCC is based on funds available, safety and supervision factors.

Host Site Supervisors will select and supervise YCC staff. They may utilize any of several methods to provide supervision for the YCC enrollees. These include:

1. Use of existing staff. The Host Site will continue to pay all staff costs from their normal budget.
2. Hire additional staff. Contact your Regional Human Resources Office for further information.
3. Volunteers may be utilized as staff. Contact your Volunteer Coordinator for further information.

Public Law 93-408 encourages the utilization of other public entities for the operation of YCC. These include public schools and non-profit organizations. Since enrollees are not government employees. Contact your Regional Contracting Office for guidelines.

# Accounting



## IV. ACCOUNTING

An accurate accounting of costs for the YCC program is important for two reasons:

1. Public Law 100-446 requires the Service to spend no less than \$1,000,000 in operating a program, and
2. A cost-benefit ratio is used in analyzing the work accomplished by the enrollees.

### FISH AND WILDLIFE SERVICE

To ensure that the appropriate levels of funding are being expended and to facilitate the tracking and monitoring of Corps transactions, a four character project code has been assigned to all transactions being processed through the Service's Financial System. This includes Time and Attendance records for personnel engaged in YCC activities. For example, a project leader who spends 8 hours recruiting Corps members in the spring would record those hours with an ongoing station subactivity followed by the assigned four-letter code.

The Finance Center has assigned project code YCC for processing all Corps transactions and modified the Financial System to total all Corps transactions (regardless of cost component used, i.e., 1120, 1261, 1312, etc.).

### NATIONAL PARK SERVICE AND FOREST SERVICE

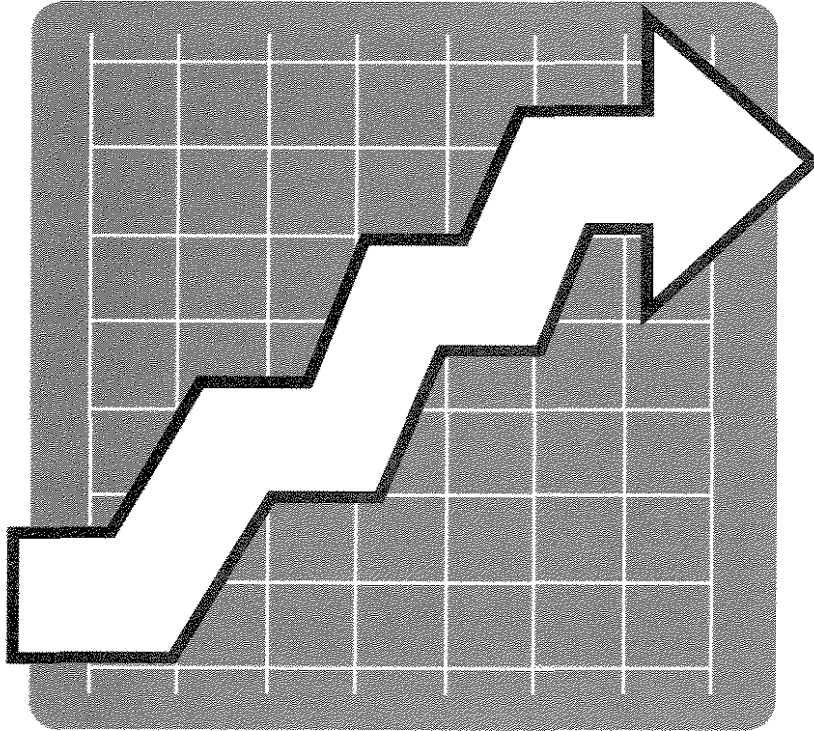
This external reporting of the total obligations associated with the program emphasizes that all costs of activities/projects relative to the operation of the YCC program must be tracked in order for credit to legitimately be taken for implementing the program. Since there are no specific funds appropriated for the YCC program, all costs of the program will be absorbed within funds already available to the Service. Extreme prudence must be exercised in incurring any expenses other than enrollees' pay and direct project support. Hiring of staff should be held to an absolute minimum; staff should be drawn from current employees.

### IN-KIND COSTS

In-kind costs are those expended by the Service as follows:

- a. Supplies and materials
- b. Staff supervision
- c. Transportation
- d. Program direction at the Regional level
- e. Other costs associated with direct support of the YCC program

# *Operations and Reporting*





## V. OPERATIONS AND REPORTING

### 1. PROJECT PLANNING

YCC supervisory staff shall develop a YCC Work Project Plan (Exhibit V.1) that is an internal planning document to assist in the development of work projects, environmental awareness planning and job hazard analysis. The Work Project Plans are used as the foundation for all planned activities plus displaying project cost, supplies and youth hours, both estimated and actual. The Work Project Plans may also be reviewed at the Regional level as a check on the appropriateness and safe planning of YCC projects.

The form should be filled out as completely as possible in order that it may be used to resolve any questions that may arise at the end of the program when completing the Work Accomplishment report (Exhibit V.2a and b).

Final approval of YCC projects to be accomplished is to be determined by each Host Site.

A daily or weekly log will be used for day-to-day recording of YCC activities. This procedure will aid in the preparation of the Work Accomplishment Report and the Annual Report at the season's end.

### 2. TRANSPORTATION

Use of private vehicles by enrollees for government business is prohibited, and the government will not assume liability for accidents in enrollees' private vehicles. Transportation from the residence to the assigned reporting area will generally be the responsibility of the enrollee. However, if circumstances warrant, (i.e., if there is extensive commuting distance between the work site and the nearest recruitment area) transportation may be provided for the enrollees as a group if approved by the Host Site Supervisor. The following criteria will apply:

- a. Enrollees provide transportation to a "pick-up site," established by the Project Manager. From that point or points, a staff member will provide enrollees transportation to the work site in a government vehicle.
- b. Enrollees are on-duty during the time when they are being transported in a government vehicle to and from the assigned pick up point to the work site.
- c. Each person in the vehicle must have and use a seat belt.
- d. All vehicles utilized for transportation of enrollees must be official government vehicles and all regulations concerning retaining vehicles at private residences overnight must be followed.

Enrollees 18 years of age with a valid State Drivers License (No Beginner's License or Permit) may operate a government vehicle at the discretion of the Host Site Supervisor. If an 18-year old is permitted to drive a government vehicle, it does not mean they can operate any type of motorized equipment. A road test must be given on each piece of equipment unless prior experience is presented in writing to the Host Site. If Regional policy allows, other motorized Service equipment may be operated by 18-year old enrollees after satisfactory completion of a local training course and a road or field test at the discretion of the Host Supervisor.

In the case of an accident involving a vehicle operated by an enrollee, the Host Site must utilize operational funds to settle any claims resulting from this type of accident, including tort claims.

### 3. SPIKE CAMPS

Spike camps are defined as Service-related work camps. If a project will require several days of work and is located a considerable distance from the enrollees' residences, the Project Manager may arrange for spike camps, with the approval of the Host Site Supervisor. Parental approval for enrollees under 18 years of age must be obtained.

Spike camps will not extend more than 10 consecutive days. A 4-day break must be provided between each 10-day camp.

Host Sites will provide necessary camping equipment and supplies. A determination will be made, on a camp-by-camp basis, whether enrollees will be reimbursed for food and lodging costs or be provided with food and/or lodging. *If enrollees pay for their food and lodging, they may be reimbursed for actual costs expended.*

A travel authorization should be issued to the Service employee in charge of travel. This authorization would list all enrollees who will be in travel status. An advance may be obtained by the Service employee for the entire group. No enrollee will receive an advance directly. *The Service employee will, upon completion of travel, submit a travel voucher for the entire group. The cost of lodging and food for the enrollee travelers will be reimbursed in the exact amount expended. No additional funds will be paid to the enrollees.*

If you have questions concerning these procedures, contact the Regional YCC Coordinator or the Regional Finance Officer.

### 4. ENROLLEE EVALUATION

Upon completion of the program, the supervisor should evaluate each enrollee and youth leader using the standard evaluation form (Exhibit V.3). The evaluation provides feedback to the enrollee on his/her performance, provides the enrollee with a work reference when applying for other positions, and aids in the selection of youth leaders in the future.

5. YCC PROGRAM FEEDBACK

Upon completion of the camp, the supervisor should provide each enrollee with a YCC Program Feedback Form (Exhibit V.4) for completion. The feedback received from the enrollee will provide the Host Supervisor input into planning future programs.

6. ANNUAL WORK ACCOMPLISHMENTS REPORT

Upon completion of the program, each Host Site must prepare a Work Accomplishment Report (Exhibit V.2) and forward it to the Regional YCC Coordinator. Forest Service Accomplishment Report and instruction are on the IBM (FS-1800-16).

The Host Site for the National Park Service will complete a Diversity Report (Exhibit V.5) along with an Annual Report (Exhibit V.6) which should be submitted to the Washington Office through the Regional Coordinators by **November 1** of each year.

7. ANNUAL AGENCY REPORT

Host Sites will provide an Annual Report to the Region by October 15. Each Region should submit a 1-2 page Annual Report to Washington, D.C., no later than November 1.

National Park Service  
Youth Programs Division  
1849 C Street, NW., Room 7325  
Washington, D.C. 20240

U.S. Fish and Wildlife Service  
Division of Refuges, Room 670  
National YCC Coordinator  
4401 North Fairfax Drive  
Arlington, VA 22203

U.S. D.A. Forest Service  
Seniors, Youth and Volunteer Programs  
P.O. Box 96090  
Washington, DC 20090-6090

The report consists of data obtained from the YCC Work Accomplishment Report, payroll records, accounting records, and narrative. The following information is obtained from data available:

- a. Demographic information;
- b. Dollar amounts expended at various locations;
- c. Cost per enrollee;
- d. Cost benefit ratio;
- e. Enrollee, staff, program direction and other costs associated with the program which are recorded on payroll documents and are cross-checked by inclusion on the YCC Accomplishment Report; and
- f. Types of projects as listed on the YCC Accomplishment Report.

### V.3

The narrative should consist of pros and cons of projects (with pictures, if possible, of the enrollees actually engaged in the work), enrollees' reactions to the program, and ideas for improvement of any aspects of the program.

All reports should be concise, legible, and accurate. If pictures are submitted, they should be originals and show enrollees actually involved in work--environmental learning or recreation. Be sure to include the total number of applicants that applied for the YCC program. Also, include the total number of male and female that were hired.

The need to know what was actually accomplished during the summer cannot be overemphasized. This information must be as complete and accurate as possible for submission of reports to the Directors of National Park Service and Fish and Wildlife Service and to the Chief of Forest Service.

### V.4

## YCC WORK PROJECT PLAN

<b>1. HOST SITE</b>		<b>2. ORG. CODE</b>	
<b>3. LOCATION</b>		<b>4. PROJECT TITLE</b>	
<b>5. DESCRIPTION OF PROJECT (where, what, how, why, type, number of staff, etc.)</b>			
<b>6. ESTIMATED QUANTITY</b>		<b>7. ACTUAL QUANTITY</b>	
<b>8. ESTIMATED APPRAISED VALUE OF PROJECT</b> \$ _____		<b>9. ACTUAL APPRAISED VALUE OF PROJECT</b> \$ _____	
<b>10. MATERIALS, SUPPLIES, EQUIPMENT, TECHNICAL SERVICES &amp; SAFETY, ETC.</b>			
<b>ITEMIZATION</b>		<b>QUANTITY</b>	<b>COST @ UNIT</b>
			\$
<b>11. ENVIRONMENTAL AWARENESS OBJECTIVES</b>			
<b>12. SAFETY - COMPLETE THE JOB HAZARD ANALYSIS IN ACCORDANCE WITH YCC REQUIREMENTS AND AGENCY POLCY</b>			
<b>13. EST. ENROLLEE HOURS</b>		<b>14. EST. STAFF HOURS</b>	
<b>15. PROJECT START DATE</b>		<b>16. ACTUAL ENROLLEE HOURS</b>	
<b>17. ACTUAL STAFF HOURS</b>		<b>18. PROJECT FINISH DATE</b>	
<b>19. EST. ENROLLEE SALARIES</b> \$	<b>20. EST. STAFF SALARIES</b> \$	<b>21. EST. OTHER</b> \$	<b>22. EST. TOTAL YCC</b> \$
<b>23. ACTUAL ENROLLEE SALARIES</b> \$	<b>24. ACTUAL STAFF SALARIES</b> \$	<b>25. ACTUAL OTHER</b> \$	<b>26. ACTUAL TOTAL YCC</b> \$
<b>27. EST. BENEFIT/COST RATIO</b>		<b>28. ACTUAL BENEFIT/COST RATIO</b>	
<b>29. FWS ENTER: EST. ENROLLEE HOUR VALUE \$</b>		<b>30. FWS ENTER: ACTUAL ENROLLEE HOUR VALUE \$</b>	

**SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Project Leader**

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Title**

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Title**

**Instructions for Completing YCC Work Project Plan  
(a work project proposal)**

All projects must be activities that have previously been approved for the Host Site under Service requirements. **Remember also to complete the Job Hazard Analysis!**

1. HOST SITE - Identify hosting unit by name.
2. ORGANIZATION CODE – FWS (5 digits), NPS (4 digits), or FS (10 digits)
3. LOCATION – Name of physical location, e.g. “Bozeman, MT”
4. PROJECT TITLE – Use appropriate title
5. DESCRIPTION OF PROJECT – Completely describe, in detail, all work to be accomplished, including length, size, number (if appropriate), etc. of the project and its location.
6. ESTIMATED QUANTITY – Number of units estimated to be accomplished.  
The following is a sample listing of units by project type:

**Camp Ground/Picnic Facility** – Maintenance or Construction: Family Unit

**Fencing** - Maintenance or Construction: Linear Feet

**Recreation Bldgs., Shelters, and Water Facilities** – Maintenance or Construction: Number of buildings or structures or facilities

**Centers, Kiosk, Contact Stations, Bldgs., etc.** - Engineering/ Construction/ Maintenance: Each Project

**Assistance to Visitors & Interpretive Programs:** Number of Visitors

**Restoration of historical dwellings, areas, monuments etc. and Artifacts:** Number of dwellings, artifacts, etc.

**Landscaping, planting, vegetation control:** Number of Acres

**Trail Maintenance, Construction, and Improvements:** Linear Feet

**Environmental Research:** each project

**Field Trips, Camping, etc:** Number of Trips

7. ACTUAL QUANTITY – Number of units actually accomplished when project is completed.
8. ESTIMATED APPRAISED VALUE OF PROJECT – Enter the estimated appraised value of project based on current costs if the work were not done by YCC but by means normally used, including all costs. If for example, a structure is to be built which normally would be done by a contractor, indicate the approximate remuneration that the contractor would require, including work supplies, materials, transportation, equipment, and labor.

9. ACTUAL APPRAISED VALUE OF PROJECT - At completion of project, show the value of the work accomplished. Appraised value is the total value of a completed project, including material, labor, etc. if the project were done, not by YCC, but by a means normally used.
10. MATERIALS, SUPPLIES, EQUIPMENT, ETC. – List all estimated items of expense (supplies, materials, equipment, technical services, etc.) which are to be charged to the YCC Program.
  - a. Materials, Supplies – Estimated items to complete project.
  - b. Quantity – Estimated number of each needed to complete project.
  - c. Cost/Unit – Estimated cost per item.
  - d. Total Cost – Sum of cost column.
11. ENVIRONMENTAL AWARENESS OBJECTIVES – Describe environmental concepts that are to be taught/gained by the enrollees when they do this project. Consider how this project will “tie in” with other projects and the Hosting Site’s purpose as well as overall Service objectives.
12. SAFETY – For each project a Job Hazard Analysis must be prepared in accordance with YCC safety requirements and any Service requirements.
13. ESTIMATED ENROLLEE HOURS – Estimate the total number of hours needed to complete the project by enrollees including Environmental Awareness time.
14. ESTIMATED STAFF HOURS – Estimate the total number of staff hours needed by non-enrollee staff to complete the project, both regular personnel and staff expressly hired for YCC.
15. PROJECT START DATE – Indicate the projected starting date of the project.
16. ACTUAL ENROLLEE HOURS – Upon completion of the project, enter the total number of work/environmental education hours spent by all youth on the project, including time spent travelling to and from the project. **Do not include staff time in this block.**
17. STAFF HOURS – Enter the total number of staff hours spent on this project by regular personnel and YCC staff hired expressly for YCC.
18. PROJECT FINISH DATE – Enter the projected completion date of the project.
19. ESTIMATED ENROLLEE SALARIES – Estimate the total amount to be paid in salaries and benefits for enrollees to complete the project (estimated hours x enrollee salary ).

20. ESTIMATED STAFF SALARIES – Estimate the total dollar amount reflected by the hours listed in Item 14.
21. ESTIMATED OTHER – Enter from the total column of Item 10.
22. ESTIMATED TOTAL YCC – Enter the sum of Items 19,20, and 21.
23. ACTUAL ENROLLEE SALARIES – Enter the total amount of enrollee salaries for the project. This is obtained by multiplying the enrollee’s salary by the Actual Enrollee Hours.
24. ACTUAL STAFF SALARIES – Enter the salaries of all staff who contributed time to project and whose salaries for that time were coded to the YCC Program.
25. ACTUAL OTHER – Include actual costs of materials, supplies, equipment, prorated utilities, rentals, vehicle costs, maintenance of equipment, etc., charged to the YCC Program.
26. ACTUAL TOTAL YCC – The sum of 23, 24, 25
27. ESTIMATED BENEFIT/COST RATIO – Divide the Estimated Appraised Value by the Total Estimated Costs (Material Costs plus Estimated Enrollee Salaries and Staff Salaries) for the project and enter here. (divide Item 8 by Item 22).
28. ACTUAL BENEFIT/COST RATIO – Divide the Actual Appraised Value by the Total YCC Costs for the project and enter here (divide Item 9 by Item 26).
29. ESTIMATED ENROLLEE HOUR VALUE - **(Required by FWS Host Sites Only)** Divide the Estimated Appraised Value (Item 8) by the Estimated Enrollee Hours (Item 13) on the project and enter result here.
30. ACTUAL ENROLLEE HOUR VALUE – **(Required by FWS Host Sites Only)** Divide the Actual Appraised Value (Item 9) by the Actual Enrollee Hours (Item 16) on the project and enter result here

Submitted By/Date: Enter name of the person (Project Leader) completing the form and the date completed.

Reviewed By/Approved By: Enter the name of the Host Site Supervisor or designee. If Regional Office review and/or approval is required, enter appropriate signatures here.



National Park Service  
 Youth Conservation Corps (YCC)  
 WORK ACCOMPLISHMENT REPORT

Park Name/Address	Org. Code	Number of Enrollees	Number of Staff		Enrollee Costs	Staff Costs	Other Costs : Suppl., Mat., etc.	Total Program Costs
					\$	\$	\$	\$
Type of Camp:			Program Start Date:			Program End Date:		
Contact Person Name and Telephone Number:			Actual Hours on Project	Actual Salaries	Actual Other Costs			
Project Type	Quantity	Appraised Value	Enrollee Hours	Staff Hours	Enrollee Costs	Staff Costs	Supplies/Materials, etc.	Total Project Costs
<b>TOTALS</b>	////////							

National Park Service  
Youth Conservation Corps (YCC)  
WORK ACCOMPLISHMENT REPORT Instructions

Park Name: Self-explanatory

Organization Code: Four digit Park code

Number of Enrollees: Use actual number of enrollees

Number of Staff: Use actual number of staff (both regular personnel and staff expressly hired for YCC).

Enrollee Costs: Total funds utilized for enrollees

Staff Costs: Total funds utilized for Staff relating to the YCC Program (both regular personnel and staff expressly hired for YCC).

Other Costs: Any other expenses related to YCC Program: such as, supplies, materials, vehicle rental, etc.

Total Program Costs: Totals of Enrollees, Staff, & Other Costs

Type of Camp: Indicate Residential or Non-Residential

Program Start Date: Actual starting date of Camp. Month/Day/Year

Program End Date: Actual ending date of Camp. Month/Day/Year

Contact Person Name and Telephone Number: List the name and telephone number of the contact person at the host site to call for additional information regarding this report.

Project Type: Use a description of what the project is. For example fence project, trail project (type of), grounds maintenance, painting project (name item); litter pick-up, environmental education (EA..) (type of), visitor services, interpretive programs, training, etc.

Quantity: Depending on project type, this should be a measurable and meaningful number. i.e., number of linear feet, acres, bldgs, artifacts, visitors, etc. (See samples listed in Item 6 of YCC Work Project Plan.)

Appraised Value: The value of the project had it been done by a contractor or by Service personnel at their normal salary. Preferably use data from Contracting Division or estimate to the best of your ability.

Actual Enrollee Hours on Project: The total number of hours worked on the project by enrollees. (i.e., if it was an eight hour project and four enrollees worked all day on it, the project would have 32 paid enrollee hours.

Actual Staff Hours on the Project: The total number of hours worked on the project by regular staff & staff expressly hired for the YCC Program.

Actual Salaries - Enrollee Costs: Using data from the payroll information, enter the total funds utilized for enrollee salaries, including FICA. Multiply the FICA rate times the salary per hour; add the result to the salary per hour; and multiply that times the total hours worked.

Actual Salaries - Staff Costs: Enter the salaries paid for all staff (regular staff and supervision expressly hired for the YCC project).

Actual Other Costs: Supplies/Materials, etc. - Any other expenses, such as vehicle rental, supplies, materials, equipment, technical services, etc., relating to the YCC project.

Total Project Costs: Total of Actual Salaries and Actual Other Costs

TOTALS: Be sure to enter the totals for the Appraised Value, Actual Enrollee and Staff Hours and Actual Enrollee and Staff Costs, Other Costs and Total Project Costs.

U.S. Fish and Wildlife Service  
 Youth Conservation Corps (YCC)  
 WORK ACCOMPLISHMENT REPORT

Station Name	Organization Code	Number of Enrollees	Enrollee Salaries	Staff Salaries	Other Costs	Total Costs
Station Address			Name and Telephone Number of Person to Contact Regarding This Information			
Project Type	Quantity	Appraised Value	Paid Enrollee Hours	Value Per Hour		
			TOTALS		Revised 12/97	

U.S. Fish and Wildlife Service  
Youth Conservation Corps (YCC)  
WORK ACCOMPLISHMENT REPORT Instructions

Station Name: Organizational Name of Host Site

Organization Code: Five digit code

Number of Enrollees: Use actual number of enrollees

Enrollees Salaries: Use data from the payroll information

Staff Salaries: Salaries paid, relating to the YCC program.

Other Costs: Any other expenses, such as vehicle rental, supplies, materials, etc., relating to the YCC program.

Total Costs: Total of Enrollee Salaries, Staff Salaries, and Other Costs.

Address: Full address of the host site.

Name and Telephone Number: List the name and telephone number of the contact person at the host site to call for additional information regarding this

report.

Project Type: Use a description of what the project is. For example fence project, trail project, litter pick-up, etc.

Quantity: This should be a measurable and meaningful number. For example number of miles of fencing (other measures such as feet, meters, etc. are acceptable), number of miles of trail, number of acres rehabilitated habitat, number of hours spent doing litter pick-up.

Appraised Value: The value of the project had it been done by a contractor or by Service personnel at their normal salary. Estimate to the best of your ability

Paid Enrollee Hours: The total number of hours worked on the project. (8 hours, 4 enrollees = 32 hours).

Value Per Hour: Divide the Appraised Value by the number of Paid Enrollee Hours. This will give you the value per hour for each project.

Total: Please remember to total the Appraised Value and Paid Enrollee Hours

YOUTH CONSERVATION CORPS ENROLLEE EVALUATION FORM

(To be completed by the YCC Project Supervisor at the end of the program)

NAME OF ENROLLEE: \_\_\_\_\_

PROGRAM START DATE: \_\_\_\_\_ PROGRAM END DATE: \_\_\_\_\_

PROGRAM LOCATION: \_\_\_\_\_

Accuracy of work	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Work Attendance	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Dependability	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Thoroughness of Work	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Adaptability	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Safety	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Judgment	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Orderliness of Workplace	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Appearance	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Attitude	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Association with other employees/public	_____ Excellent	_____ Good	_____ Fair	_____ Poor
Acceptance of Supervision	_____ Excellent	_____ Good	_____ Fair	_____ Poor

PERFORMANCE SUMMARY:

- \_\_\_\_\_ **EXCELLENT:** Stands out as being among the best
- \_\_\_\_\_ **GOOD:** More than fulfills essential requirements
- \_\_\_\_\_ **SATISFACTORY:** Fulfills essential requirements
- \_\_\_\_\_ **FAIR:** Shows need for some further improvement

COMMENTS: State major strengths and weaknesses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A copy of this form has been given to me and has been discussed with me.

\_\_\_\_\_  
Signature of Enrollee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

REASONS FOR SEPARATION: \_\_\_\_\_ End of Program \_\_\_\_\_ Other Explain

## YOUTH CONSERVATION CORPS PROGRAM FEEDBACK

Your feedback and advice will help us maintain the best possible YCC Program. Please complete this evaluation form and return it to the YCC Coordinator. We welcome any additional comments or suggestions you may have about the YCC program. We appreciate your responses to these questions.

- |   |     |    |
|---|-----|----|
| 1. Did your orientation provide a basic introduction to the YCC Program?  | YES | NO |
| 2. Did you fee the job utilized your talents and satisfied your reasons for participating?  | YES | NO |
| 3. Was your time as a YCC participate a worthwhile experience for you?  | YES | NO |
| 4. Do you feel you received adequate environmental awareness education?   | YES | NO |
| 5. Did you feel adequate supervision, time and energy was available to you?   | YES | NO |
| 6. Would you recommend this program to a friend?  | YES | NO |
| 7. Would you be interested in future employment with a land management agency such as the National Park Service, Fish and Wildlife Service or the Forest Service. | YES | NO |

**COMMENTS:**

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# YCC ANNUAL REPORT

**PARK/REGION:** \_\_\_\_\_

		Park Total	Region Total
A.	Enrollee Payroll Costs		
B.	Administrative Costs		
	Staff and Supervision		
	Supplies and materials		
	Transportation		
	Other - list:		
C.	Other Sources of Funding (non NPS) (ie, partnership, donations) List:		
D.	TOTAL (add <b>A &amp; B &amp; C</b> )		
E.	Appraised Value of work (Use Exhibit V.2 to estimate)		
F.	Cost Benefit Ratio (Appraised value line E divided by total actual costs line D)		
G.	Length of Program (check one):    8 weeks    10 weeks		
H.	No. of Enrollees (include youth leaders):		
I.	No. of Parks		

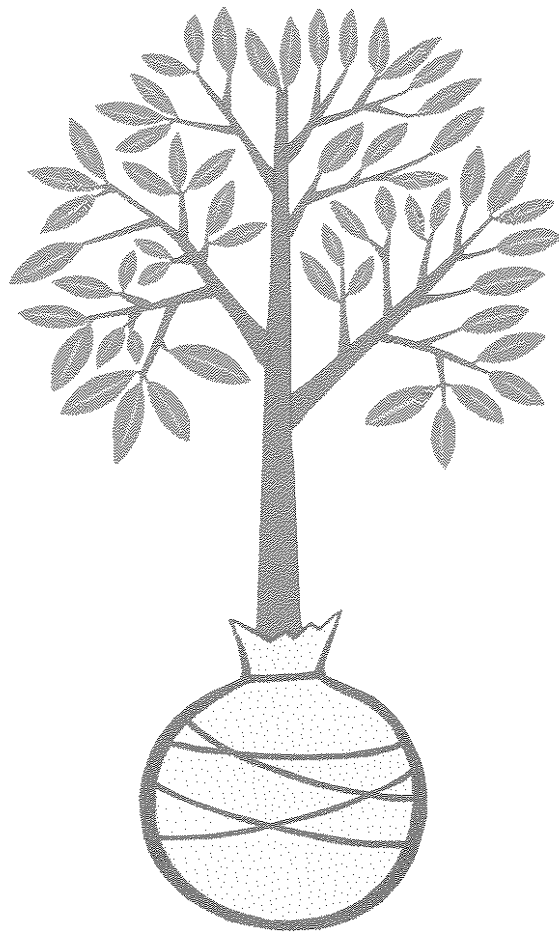
**Summary of Work Projects (list):**


Submitted by: \_\_\_\_\_

Phone number: \_\_\_\_\_



# *Environmental Awareness*



## VI. ENVIRONMENTAL AWARENESS

Environmental awareness is an integral aspect of the YCC program and should be an essential part of all work performed. The legislation which established the Youth Conservation Corps specifically identified enrollee environmental awareness as one of the three intended goals of the program.

The YCC program was made permanent because it demonstrated that enrollees had “gained an understanding and appreciation of the Nation’s environment and heritage equal to one full academic year of study.” At least 40 hours during an 8-week session must be spent on environmental awareness (1 hour for each 8-hour workday).

The key to a successful environmental awareness program is to integrate these activities into all phases of a work project. The following provides some guidelines which will help assure that enrollees receive appropriate environmental learning benefits as well as work ethics and work skills.

### 1. GOALS OF ENVIRONMENTAL AWARENESS

#### a. All enrollees should understand the purpose and function of all YCC work projects

No enrollees should leave the program without a knowledge of the value of work projects performed. By completing each project, enrollees should understand and be able to explain:

- (1) The overall benefits of the project to the Host Site and/or environment.
- (2) Any direct or indirect benefits the project has for fish, wildlife, or visitors to the area.
- (3) Both positive and negative environmental impacts of the project.

#### b. By the completion of their YCC enrollment, enrollees should know:

- (1) The primary purpose of the Host Site, locally, regionally, and/or nationally.
- (2) Who the main visitors/users of the Host Site are and some of the conflicting public use demands.
- (3) The primary species found on the Host Site and how they are adapted to survive in their environment.
- (4) The habitat needs of species found on the Host Site and how these needs are provided for by management.

- (5) Seasonal influences on Host Site operations (e.g., bird migration, fish spawning, farming practices, hunting and fishing programs, public use peaks, impact on artifacts and historical structures, etc.).

2. IMPLEMENTATION AND INTEGRATION OF ENVIRONMENTAL AWARENESS INTO WORK PROJECTS

a. Acquaint enrollees with the Host Site and its operation

Enrollees should receive a good orientation to the Host Site prior to beginning work. This will help make the work more meaningful and encourage the enrollee to feel that his or her work is an important part of Host Site management.

b. Create an atmosphere of open communication

Staff supervision of YCC enrollees should encourage questions and discussion concerning all aspects of Host Site operations and the Host Site environment. Enrollees should understand that they are an integral part of the field station staff and that no question is "too dumb to ask." All aspects of the Host Site environment and operations should be suitable topics for discussion, as well as matters relating to local communities. Biology, politics, economics, and sociology can all be woven into discussions to make them more meaningful.

c. Capitalize on "non-work" moments to provide factual information relating to the field station environment and/or the work site

Travel to and from work sites provides an opportunity to provide enrollees with information about the areas traveled through, adding visual reinforcement to the learning process. A few moments to stop, point out, and discuss places and things of interest (e.g., erosion sites, a bird or animal, areas of different vegetation, and reasons for these differences) will go far toward establishing good rapport with enrollees and provide effective learning experiences.

Rest breaks are also a good time to discuss the project being worked on and should be used for environmental awareness activities.

d. Capitalize on "learning moments"

If an enrollee or staff person sees something of interest, take a few minutes to stop, look, and talk about it. This will not cut significantly into work time, and time lost should be more than offset by increased rapport with enrollees.

### 3. SUGGESTED ENVIRONMENTAL AWARENESS EXPERIENCES FOR YCC

YCC projects can offer excellent learning opportunities for enrollees and should be the focus of environmental learning experiences.

Each work site will offer different opportunities and the activities selected should be determined in part by those opportunities. However, activities that relate to a project need not occur only onsite, but may be extended to other areas, particularly where comparisons are desirable.

The key to a successful EA program is to educate, inspire, and empower the enrollees through all phases of the work project and program. The following provides some general guidelines and ideas for developing a quality EA program.

### 4. GOALS OF ENVIRONMENTAL EDUCATION

- a. Terminology: to provide enrollees the vocabulary and understanding of natural processes and components of nature concerning the project and the local environment.
- b. Philosophy: to provide enrollees an understanding of agency philosophy and policy in reference to work projects.
- c. Application: to provide enrollees an understanding of purpose and function of the work project.
- d. Empowerment: to provide enrollees with the ability to apply their learned YCC knowledge to other experiences and environments by the completion of the program.

### 5. DESIGNING AN ENVIRONMENTAL AWARENESS PROGRAM

This general EA program provides a flow of learning where information builds upon itself. It may be applied to a 1-day or 8-week format. Each work site will offer different opportunities.

- a. Discuss vocabulary necessary to understand the work project (erosion, grazers, riparian, plant/animal identification, etc.).
- b. Discuss natural and human processes that affect this project (feeding habits of wildlife species, drainage/erosion, visitor use patterns that create social trails, etc.).
- c. Discuss agency's philosophy and policies that affect this project.

- d. Discuss positive and negative impacts of the work project.
- e. Discuss other issues and applications of the EA information and work skills learned during the project.
- f. Develop weekly themes that build on each other and help you meet your EA program goals. For example:

Program Week	Steps	Sample Theme
Week 1	Vocabulary	Plants of your Area
Week 2	Vocabulary	Animals of your Area
Week 3	Natural Processes	The Water Cycle
Week 4	Natural Processes	Geology of your Area
Week 5	Agency Philosophy	History and Influence
Week 6	Human Processes	Local Human Impacts
Week 7	Human Processes	Global Concerns
Week 8	Empowerment	Applications of New Knowledge

6. RESIDENTIAL PROGRAMS

- a. Residential programs offer the advantage of reinforcing the EA program through evening and weekend activities. Options:
  - (1) Invite guest speakers
  - (2) Have enrollees develop debates on significant issues
  - (3) Take thematic hikes
  - (4) Visit regional natural or cultural resources that would provide increased insight or inspiration for enrollees
  - (5) Visit other regional sites that provide information into consumptive uses of resources such as; mining operations, power plants (nuclear and conventional), landfill sites, tree farms or logging operations, etc.

- (6) Develop a library of resources for enrollees and staff (these may be books, videos, lists of organizations, etc.)

Any of the above activities could also be incorporated into non-residential programs.

7. GENERAL QUALITIES OF A GOOD LEARNING ENVIRONMENT

- a. Acquaint enrollees with the work environment.
- b. Open communications, encourage questions that expand on EA themes.
- c. Start the day/project with an activity that brings the enrollees focus to the site and surrounding environment (do an EA game, read a poem, etc.).
- d. Capitalize on "learning moments." If an enrollee or staff person sees or notices something interesting, stop, look, listen and talk.
- e. Integrate EA program steps throughout the day. Don't feel that you have to accomplish them all at one time and risk losing the attention of the enrollees.
- f. End the day with a summary discussion of all aspects of the day/project.
- g. Plan more EA activities than you think are possible. This will help focus enrollees during unplanned breaks or idol time.
- h. Use of a variety of methods in implementing EA; games, experimental activities, factual information, discussion, debate, drama.

8. EA PROGRAM RESOURCES

- a. Agency, program, and station histories.
- b. Local agency resource experts for talks.
- c. Guest speakers from other Federal agencies (NPS, FWS, USFS, BLM, Army Corps of Engineers, Soil Conservation Service, National Marine Fisheries Service).
- d. Guest speakers from State agencies (Fish, Wildlife and Parks, Department of Conservation, etc.).

- e. Guest speakers from other organizations (Audubon Society, National Wildlife Federation, Sierra Club, Wilderness Society, American Forest Institute, etc.).

**NOTE: See the Conservation Directory published by the National Wildlife Federation which may be obtained by calling 410/516-6583 or write to the Federation at 8925 Leesburg Pike, Vienna, VA 22184 for a comprehensive listing of conservation oriented groups.**

- f. Guest speakers from organizations whose goals and philosophies differ from your organization. (While promoting conservation and environmental ethics through our programs, we have a responsibility to provide different viewpoints and perspectives. Our goal should be to promote inquisitive minds and an appreciation for our resources.)
- g. Special EA packets and programs already developed such as; Project WILD (Western Association of Fish and Wildlife Agencies), People and Natural Resources (USFS), Project Learning Tree (American Forest Institute), Habitat Pac (FWS), The Class Project (National Wildlife Federation), Outdoor Biological Instructional Strategies (Delta Education, Inc., Nashua, NH), Wilderness Box (Arthur Carhart Wilderness Institute), NatureQuest (National Wildlife Federation).
- h. Local university resources (laboratories, special programs, professors, museum collections, etc.)
- i. Local zoos or museums.
- j. Local fish hatcheries, wildlife refuges, parks, forests or tree farms.
- k. Nearby ponds, lakes, streams or rivers.
- l. Organize a debate.
- m. Experimental EA, i.e., "Sharing Nature with Children" by Joseph Cronell.

# *Partnership*





## VII. PARTNERSHIP

Partnerships, active for many decades, are becoming increasingly important as appropriations continue to inadequately cover funding needs. Increasingly, local governments and community groups are partners in cooperative planning efforts and resource protection.

Through partnerships with other Federal, State and local agencies and nonprofit organizations, a nationwide system of parks, refuges, forests, rivers, hatcheries and trails provides educational, recreational, and conservation benefits. Working with a partner can enhance a YCC program and allow the participants to gain a broader range of knowledge of the ecosystems work, as well as showing the value of how working together with other conservation groups can benefit wildlife, the environment, and the American people. Partnerships can provide technical assistance at the initial stages of project conceptualization and planning.

Some partnership programs assist State and local governments and nonprofit organizations in protecting conservation areas and providing recreational opportunities. Assistance includes financial and technical assistance, as well as coordination of Federal assistance. Such partnerships with a nonprofit organization (i.e., local youth conservation corps/groups, high school youth work programs, State and local government youth work programs, the Student Conservation Association, local conservation corps under the auspices of the National Association of Service and Conservation Corps or your local non-profit youth organization) could enhance or develop YCC programs for your area. In selecting a nonprofit organization, please make sure the proper mechanism is in place to transfer funds (i.e., cooperative agreements or memorandum of agreement or contract, etc.). Please contact your respective Youth Program Coordinator for more detailed information on partnerships.

# Safety



## VIII. SAFETY

### 1. INTRODUCTION

All safety regulations pursuant to YCC activity will be in accordance with applicable Departments policy stated in the FWS Manual (240 FW 9.1), the NPS Loss Control Management Program Guideline (NPS-50) and the FS Safety Handbook (FS 6709.12). Current regulations, subsequent updates, or supplemental guidance concerning these specific areas of YCC policy may be developed, as necessary, by either Department.

Cross references to additional, or base document, Bureau guidance is indicated by FWS, NPS and FS as appropriate.

a. **PURPOSE:** To ensure that all programs and projects provide for the safety and health of YCC enrollees performing work activities for the Service.

b. **SCOPE:** The provisions of this chapter apply to all Service programs and projects utilizing YCC enrollees for performance of Service work activities.

c. **POLICY:** The Service recognizes the benefits derived from the YCC program to both enrollees who might not otherwise find gainful employment and be exposed to outdoor learning experiences and to participating Host Sites which would not be able to undertake many important work projects without the use of YCC enrollees. The Service also recognizes its responsibility in providing for the safety and health of enrollees. It is, therefore, the policy of the Service to establish necessary safety procedures for the YCC program. YCC safety procedures are to reflect consideration of activities to be performed and insight gained from past YCC accident experiences.

### 2. AUTHORITY

- a. Occupational Safety and Health Act (OSHA) 1970 - P.L. 91-596 Section 19 - Federal Agency Safety and Health Program
- b. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees
- c. 29 CFR 1960 - Basic Program Elements for Federal Employees, Occupational Safety and Health Programs
- d. U.S.C. 7901, 7902, 7903

- e. 485 DM 1-7, NPS-50, 240.FW 9.1., FSM 6700; FSH 6709.11 and 12
- f. 29 CFR 570.50--570.68, 29 CFR 1910; 1926
- g. Public Law 93-408, Youth Conservation Corps Act

3. PREPARATION

In preparation for enrollees, do the following:

- a. Job Hazard Analyses (JHA) (Exhibit VIII.1) shall be developed for all anticipated YCC activities.

All JHA's will include discussion of appropriate personal protective equipment. The requirement for preparation of a JHA applies to all enrollee activities and does not allow exclusion of impromptu activities.

FWS - See 240 FW 9.1 - Host Site Supervisor must develop JHA and be reviewed by the Regional Safety Manager for concurrence. NPS - JHA will be developed, in writing, by the supervisor in charge of the project or recreational activity, and approved by the Host Site Director and Safety Officer prior to the start of a project. Supervisors shall be responsible for the implementation of the JHA to insure the safety and health of staff members and enrollees. (FS - See FSH - 6709.11)

- b. Ensure that all required personal protective clothing and equipment is available, in good condition, adequate for the intended task, and is used in the correct, prescribed manner for the job.
- c. Ensure that there is at least one supervisor for every 10 enrollees assigned to the project.
- d. Ensure that adequate first aid kits are accessible to all YCC enrollee supervisors. These kits must include equipment for protection from pathogens as required by OSHA.

Other items such as creams or lotions for prevention of sunburn, plant poisons, insect bites and other irritants should be available. All supervisors must be familiar with procedures for contacting local emergency services.

- e. Ensure that potential enrollees have completed and submitted the Youth Conservation Corps Medical History Form. Any questions concerning information provided should be referred to the Regional Safety Manager. Enrollee work activities must be restricted in accordance with exceptions noted by the examining physician.
- f. Determine and document the swimming ability of each enrollee (Exhibit VIII.2). Regardless of swimming ability, all JHA's for activities in or around marine environments should document appropriate personal protective equipment (personal flotation devices, lanyards, etc.), and require an appropriate orientation to the specific marine environment. (FS requires a certified lifeguard for swimming activities.)

#### 4. ORIENTATION

All enrollees will receive a safety orientation from the Host Site. Enrollees should be made aware of the safety plan and procedures to be followed in the event of emergencies. Procedures shall include methods of requesting emergency assistance from remote locations. Evacuation plans shall be developed and regular drills conducted to ensure emergency egress of buildings.

#### 5. SUPERVISION

Project Leaders are responsible for the safety and health of enrollees assigned to their Host Site and must ensure compliance with their supervisory responsibilities.

- a. Minimum requirements for supervisors are listed below.
  - (1) Possess a valid State driver's license.
  - (2) Be knowledgeable of accident/illness prevention methods and procedures for outdoor work activities, and Service procedures for reporting accidents and related injuries and illnesses.
  - (3) If the supervisor is not currently certified in first aid and cardiopulmonary resuscitation (CPR), each work location, area, or group must have one other individual available that is currently certified in first aid and CPR.
  - (4) Be thoroughly familiar with Host Site safety plans.
  - (5) Be familiar with JHA's for YCC activities.
- b. Enrollee supervisors will supervise no more than 10 enrollees. For overnight camping operations, each supervisor will supervise no more than five enrollees. Youth leaders can assist supervisor for overnight camping.

- c. Prior to commencement of work activities, the supervisor must instruct enrollees in safe operating procedures for the specific activity, ensure that those procedures are practiced, and ensure that appropriate personal protective equipment is available and used by enrollees. Enrollees must be made aware of proper usage of the personal protective equipment and its limitations. Job hazard analyses should be used for this purpose.

6. ENROLLEE RESPONSIBILITIES

- a. Observe and follow all program policies and procedures required for the tasks assigned, both oral and written.
- b. Maintain a high degree of safety awareness so that work is performed without accident or injury.
- c. Wear personal protective clothing and equipment that has been provided. Report to work properly dressed (e.g., long sleeve shirts, long pants, appropriate footwear).
- d. Report all accidents/incidents and job related illnesses immediately.
- e. Report all unsafe and unhealthful conditions believed to exist.

7. FEDERAL EMPLOYEES' COMPENSATION ACT

The Federal Employees' Compensation Act (FECA) is a workers' compensation law administered by the OWCP, U.S. Department of Labor. The FECA provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or due to employment-related disease. The Act also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. YCC enrollees are considered Federal employees for purposes of FECA, but not Continuation of Pay (COP).

- a. Enrollees are entitled to immediate first aid and full medical care, including hospitalization, without cost. Form CA-16, Request for Examination and/or treatment, should be completed by the supervisor to authorize medical care.
- b. All job related injuries should be reported on Form CA-1, Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Enrollees are not entitled to COP (COP-HC160) and it should be controverted on this basis.

- c. All job related illnesses or disease should be reported on Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation.
- d. After arrangements have been made for first aid or other medical care for the injured or ill enrollee, the supervisor should determine exactly what happened to cause the accident and what can be done to avoid a similar occurrence. The appropriate forms should be completed and sent to your Regional Safety Officer. Provide a copy to the Regional YCC Coordinator.

#### 8. FEDERAL TORT CLAIMS ACT

The Federal Tort Claims Act provides a mechanism for persons to make claim against the U.S. Government for damage, loss, injury, or death caused by negligent or wrongful acts or omissions of any employee of the government while acting within the scope of employment. YCC enrollees and staff acting on behalf of the Service are considered employees for purposes of this Act. Regional Safety Managers have been designated Regional Tort Claim Officers and should be contacted concerning all tort claims. (FS and NPS review agency procedures for processing tort claims.)

#### 9. MOTOR VEHICLE OPERATION

Enrollee operation of motor vehicles is discouraged. However, enrollees may operate motor vehicles in accordance with the following provisions.

- a. Enrollees must be at least 18 years of age and possess a valid State operator's license.
- b. Enrollees are not authorized to operate any motor vehicle in excess of 6000 pounds gross vehicle weight.
- c. Enrollees are not authorized to operate private vehicles in performance of duty for the Service.
- d. Wear seat belts.
- e. No passengers in back of trucks.

#### 10. CHILD LABOR, FAIR LABOR STANDARDS ACT

The Fair Labor Standards Act provides a minimum age of 18 for any non-agricultural occupation which the Secretary of Labor "shall find and by order declare" to be particularly hazardous for minors between 15 and 18 years of age, or detrimental to their health and well-being. Other

Federal and State laws may have higher standards. When these apply, the more stringent standard must be observed. All states have child labor laws and compulsory school attendance laws.

- a. The 17 hazardous occupation orders now in effect apply either on an industry basis, specifying the occupations in the industry that are not covered, or on an occupational basis irrespective of the industry in which found. Enrollee activity is to be restricted in accordance with specific orders.
- b. The orders in effect deal with the following:
  - (1) Manufacturing and storing explosives
  - (2) Motor vehicle driving and outside helper
  - (3) Coal mining
  - (4) Logging and sawmilling
  - (5) Power-driven woodworking machines
  - (6) Exposure to radioactive substances
  - (7) Power-driven hoisting apparatus
  - (8) Power-driven metal-forming, punching, and shearing machines
  - (9) Mining, other than coal mining
  - (10) Slaughtering, or meat-packing, processing, or rendering
  - (11) Power-driven bakery machines
  - (12) Power-driven paper-product machines
  - (13) Manufacturing brick, tile, and kindred products
  - (14) Power-driven circular saws, band saws, and guillotine shears
  - (15) Wrecking, demolition, and shipbreaking operations
  - (16) Roofing operations
  - (17) Excavation operations

#### 11. OFF-DUTY LEISURE TIME ACTIVITIES

A program shall be developed by the supervisor that clearly defines limitations and standards for leisure time activities. The scope of the program shall be dependent on environmental conditions that exist. The program shall address such activities as:

- a. Persons involved in team contact sports shall use all personal clothing and protective equipment (e.g., helmets and pads) that are specified for the activity. All equipment shall be of an approved type.
- b. Swimming by enrollees shall be permitted as appropriate and after having a parental approval form signed by a parent or legal guardian if under the age of 18 years old. (See Self-Statement of Swimming Ability, Exhibit VIII.2)



- c. In primitive or wilderness areas, enrollees shall not venture beyond defined camp limits alone. Hiking, fishing, or other outdoor activities shall be allowed only when two or more persons who are familiar with the area, etc., are participating.

## 12. SERIOUS INCIDENT REPORTING

It is mandatory that all Host Site Supervisors immediately report any serious incident affecting either enrollees or the YCC program under their jurisdiction in accordance with the following established procedures:

- a. The Host Site Supervisor will report the incident by telephone to the Service's Regional Safety Officer and YCC Regional Coordinator within 24 hours of the incident. The Regional YCC Coordinator will report the incident by telephone immediately to the Washington Office. A written report must follow.

- b. The following types of incidents must be reported. Other incidents should be reported at the discretion of the Host Site Supervisor.

- (1) Death or serious injury, where hospitalization is required, to participants or staff or other persons resulting from action of participants or staff.
- (2) Medical emergencies threatening the lives of participants or staff, such as the outbreak of life-threatening diseases.
- (3) Natural disasters threatening the lives of participants or staff.
- (4) Serious civil disturbances involving participants where lives are threatened.
- (5) Other major incidents which, in your judgment, may result in immediate adverse media/public reaction to the YCC program.

In the case of death or serious injury to a YCC enrollee or staff, a Board of Inquiry will convene in accordance with the established procedures.

<b>JOB HAZARD ANALYSIS</b>		<b>JOB ACTIVITY:</b>
<b>PERSONAL, PROTECTIVE EQUIPMENT REQUIRED:</b>		<b>QUALIFICATIONS, EXPERIENCE, OR TRAINING REQUIRED:</b>
<b>BASIC JOB STEPS</b>	<b>HAZARDS</b>	<b>SAFE JOB PROCEDURE</b>
<p>Break work down to basic elements (such as remove, lift, carry, stop, start, apply, return, squeeze, cut, weld, saw, hold, grind, place, etc.). Describe what is done – not how it is done.</p>	<p>For each job step, state what accident could occur and/or what hazard is present. To determine this, ask yourself “can the person fall; overexert; be exposed to burns, fumes rays, gas, etc.; hit against; be struck by; come in contact with; be caught in, on, or between?”</p>	<p>State how each element of work should be performed to prevent the accident or avoid the hazard. What should the person do or not do? Be specific. What precautions should be taken? Ask yourself, “what can I do to eliminate, modify, guard, identify, or protect against the potential accident or hazard, including such things as how the worker stands, or holds, uses, carries, dresses, etc.?”</p>

YOUTH CONSERVATION COPRS  
SELF-STATEMENT OF SWIMMING ABILITY

NAME: \_\_\_\_\_  
Last First Middle

I, \_\_\_\_\_, \_\_\_\_\_(1) can swim or  
\_\_\_\_\_ (2) cannot swim

I learned to swim \_\_\_\_\_(1) BY A CERTIFIED INSTRUCTOR OR  
\_\_\_\_\_ (2) BY A FRIEND OR RELATIVE OR  
\_\_\_\_\_ (3) ON MY OWN

My swimming abilities are \_\_\_\_\_ (1) EXCELLENT OR  
\_\_\_\_\_ (2) AVERAGE OR  
\_\_\_\_\_ (3) POOR

I attest that the above statements are true to the best of my knowledge.

\_\_\_\_\_  
Signature of Enrollee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***Enrollee***

***Problem***



## IX. ENROLLEE PROBLEMS

Enrollee grievance procedures and discrimination complaint procedures must be posted prominently in the workplace. The following guidelines and procedures are to be followed in response to all enrollee grievances, disciplinary action and complaints of discrimination.

### 1. GRIEVANCE PROCEDURES

a. POLICY: It is the policy of the agencies which administer the Youth Conservation Corps that all enrollees be provided with a fair mechanism and timely procedures to redress grievances associated with their enrollment. These guidelines provide for the prompt, fair, and impartial consideration of all enrollees' grievances concerning any procedure or working condition, including adverse actions, enrollment, and upgrading, by which any enrollee is personally affected.

b. PROCEDURES: Enrollees' grievances must be presented in writing, directed to the designated Project Leader.

The designated Project Leader's decision will be presented in writing to the enrollee(s) within 5 working days of receipt of the grievance.

Decisions relating to grievances will be final and without review by higher authority, except when an enrollee exercises his/her right to an appeal.

c. APPEALS: When enrollees feel they have cause for an appeal of the Project Leader's decision, they may petition the Project Leader in writing within 2 business days requesting that the case be reviewed by a high authority.

The designated Project Leader will forward the case, within 24 hours, to the appropriate Regional official designated by the Regional Director with copies to the appropriate Headquarters Director and the Washington Office of Youth Activities. The Regional official will review the case and will make a decision within 7 calendar days after receipt of the appeal. The decision will be final, unless the Regional official is the one against whom the complaint is being filed. In such instances, the appeal may be reviewed and decided at Headquarters level.

### 2. DISCIPLINE

POLICY: It is expected that enrollees' conduct will be compatible with the rules, regulations, expectations, and goals of the Youth Conservation Corps program. Any deviation will constitute grounds for disciplinary action. All disciplinary actions will be documented. Any criminal involvement on the part of an enrollee will be reported to law enforcement authorities.

b. TERMINATION: An enrollee can be terminated immediately for:

- (1) repeated tardiness or absenteeism
- (2) continued anti-social behavior
- (3) failure to perform satisfactorily, or to perform safely
- (4) violation of any Federal, State, or local law or regulation including, but not limited to drugs, alcohol, or firearms

c. PROCEDURES: When a YCC supervisor proposes any disciplinary action against an enrollee, both the enrollee and the person to whom the supervisor reports shall be notified prior to action being taken. The second-line supervisor shall approve the action prior to implementation, and the Regional YCC Coordinator should be notified.

### 3. DISCRIMINATION COMPLAINT PROCEDURES

a. POLICY: Enrollees have a right to prompt, fair, and impartial consideration of all complaints of discrimination on the basis of race, color, religion, sex, national origin, or physical reprisal or mental handicap. Names and phone numbers of EEO Counselors and of the Regional Equal Opportunity Manager shall be posted in a prominent place easily accessible to YCC enrollees.

b. PROCEDURES: Any enrollee who feels he/she has been discriminated against because of race, color, religion, sex (including sexual harassment), or handicap, should consult with an Equal Employment Opportunity Counselor within 45 calendar days of the date of the alleged discriminatory action.

Enrollees are also encouraged to report cases of discrimination directly to their supervisor immediately when they occur. Any staff contacted by an enrollee concerning a complaint shall maintain confidentiality unless permission is granted by the enrollee to convey the information to other individuals.

The enrollee may contact the EEO Counselor directly or ask a staff member for assistance in making the contact. If there is no Counselor at the field unit, the contact may be made by telephone and arrangements will be made for the Counselor to come to the Field unit or for the enrollee to be transported to where the Counselor is located.

The role of the Counselor is to look into the facts of the matter and work with the enrollee and management to attempt an informal resolution of the issue raised.

If the issue cannot be resolved informally, the enrollee must be informed that he/she has the right to file a written complaint with the Office of Equal Opportunity within 15 days of the notice of the right to file a formal complaint. Bureaus are responsible for processing the complaint in accordance to Title 29, CFR. Part 1614.