



# Application

## Heart of Oregon YouthBuild

850 SW Antler, Redmond, OR 97756  
Phone (541) 923-4868 x215

No specific experience is required for a position with Heart of Oregon YouthBuild (HOYB). Your application is the first, and often the only opportunity for you to say, "I can do this work; I really want this position." It's always a good idea to make a rough draft first, then proof read it for spelling and grammar. Or, ask a friend, parent, or teacher to proofread it for you. Remember, when writing the final copy do not fill out the application in pencil; always type or fill out an application like this in pen. Agencies, like HOC, look for people who follow instructions, complete their own application neatly, and put some real effort into the task by answering every question using complete sentences.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address city state zip

Physical Address (if different): \_\_\_\_\_  
Address city state zip

County: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_  
Home Cell Other

Grade in school: \_\_\_ Total Credits: \_\_\_ Last school attended: \_\_\_\_\_

If you did not complete high school or get your GED, why did you drop out? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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### How did you find out about Heart of Oregon YouthBuild? (Check all that apply)

Newspaper  Friend  Parent  Counselor  Teacher  Social Worker  Other

### 1. Background:

Do you have work experience (either paid or unpaid) yes \_\_\_\_\_ no \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Dates you worked there: from \_\_\_\_\_ to \_\_\_\_\_

What was the pay per week? \_\_\_\_\_

Job Title \_\_\_\_\_

What kind of work did you do? \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you currently employed? yes\_\_\_\_ no\_\_\_\_

If you answered yes, is your job: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

If employed, current hourly wage rate: \$\_\_\_\_\_per hour

Number of hours, on average, you work each week: \_\_\_\_\_

Have you ever been in another training program? yes\_\_\_\_ no\_\_\_\_

If you answered yes, give name and location of program: \_\_\_\_\_

Dates you attended this program: \_\_\_\_\_

Did you complete the program? yes\_\_\_\_ no\_\_\_\_

Have you ever been involved with the criminal justice system? yes\_\_\_\_ no\_\_\_\_

If you answered yes, please explain briefly on a separate sheet.

Positive answers do not always block an applicant from a position with the Corps.

Do you know how to drive? yes\_\_\_\_ no\_\_\_\_

Do you own a car? yes\_\_\_\_ no\_\_\_\_

Do you have a driver's license? yes\_\_\_\_ no\_\_\_\_

Do you have a chauffer's/commercial license? yes\_\_\_\_ no\_\_\_\_

Have you ever been in the U.S. Military Service? yes\_\_\_\_ no\_\_\_\_

If you answered yes, which branch? \_\_\_\_\_

Rank \_\_\_\_\_ Discharge \_\_\_\_\_ Dates \_\_\_\_\_

**2. Are you willing or able to:**

Lift up to 35 pounds? yes\_\_\_\_ no\_\_\_\_

Participate in some form of high school or college education program? yes\_\_\_\_ no\_\_\_\_

Work on projects that require attention to detail? yes\_\_\_\_ no\_\_\_\_

Use safety equipment correctly? yes\_\_\_\_ no\_\_\_\_

Operate power tools safely? yes\_\_\_\_ no\_\_\_\_

Work under cold and hot conditions while performing work outside? yes\_\_\_\_ no\_\_\_\_

Have you had any construction or rehab experience? yes\_\_\_\_ no\_\_\_\_

Was it paid experience? yes\_\_\_\_ no\_\_\_\_

Please describe this experience: \_\_\_\_\_

What are you interested in doing for a career? \_\_\_\_\_

**3. Limitations:**

Do you have any physical conditions or limitations that may affect your ability to do this work? yes\_\_\_\_ no\_\_\_\_

If yes, what can be done to work with those limitations? Please explain \_\_\_\_\_

When was your last physical examination? \_\_\_\_\_

**Narrative Questions**

**4. Name 3 or more accomplishments you would like to reach in the next few years.**

**5. What is your greatest accomplishment so far? Why is this important to you?**

**6. Why do you want to join Heart of Oregon YouthBuild?**

**7. Why should Heart of Oregon offer you a position in the YouthBuild program?**

**8. Attach a letter of recommendation** from someone (who is not a relative and does not live with you) who can speak about your ability to work and follow directions. Resumes are not required and are not to be used as a substitute for this application. You may, however, provide a resume and attach it to the end of the application.

I have read the attached information about Heart of Oregon YouthBuild (HOCYB) and understand that this position will involve hard work and working as a member of a team. Oregon State Law prohibits the use or possession of tobacco products by anyone under the age of 18. If offered a position with HOCYB, I agree to comply with this law and also agree to refrain from the use of alcohol and other illegal drugs during my entire period of membership. I understand that HOCYB projects may be highlighted in the media—I will sign the photo release form. Heart of Oregon YouthBuild provides quality tools and equipment. If I break a tool on purpose, I will pay for a replacement. If selected for the program, I understand I will be required to submit to a drug test.

I certify that all of the statements made in this application are true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

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

Mail completed application to: Heart of Oregon YouthBuild, 850 SW Antler, Redmond, OR 97756, or FAX to 541-923-4867 – Attention: HOC YouthBuild.

**If you have questions about the application, please contact:  
Randy Price – 541-815-6515 OR Diane Jaquith – 909-435-5534**

**Heart of Oregon YouthBuild  
Medical History**

Note: The purpose of this data is to safeguard the health, safety and welfare of the enrollees of this youth corps program. This information may be provided to a physician in the event that treatment is necessary. This information is provided on a voluntary basis. Failure to complete this form however, results in exclusion from the corps program.

Name:	Parent or Guardian Name:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
Home Phone:	Home Phone:
Cell or Work Phone:	Cell or Work Phone:
Social Security Number:	Emergency Contact:
Date of Birth:	Emergency Contact Phone:

Diseases (Please enter X if you have had any of the following)

Rheumatic Fever \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Diabetes \_\_\_\_\_

Describe treatment if a disease is marked: \_\_\_\_\_  
\_\_\_\_\_

Have you had, or are you having, any of the following health problems? (Please enter X if you have had any of the following)

**Allergies**

Hay Fever \_\_\_\_\_  
Asthma \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Poison Oak/Ivy \_\_\_\_\_  
Other \_\_\_\_\_

**Frequent Infections**

Colds \_\_\_\_\_  
Sore Throat \_\_\_\_\_  
Bladder \_\_\_\_\_  
Intestinal \_\_\_\_\_  
Hernia \_\_\_\_\_

**Other Health Problems**

Convulsions \_\_\_\_\_      Arthritis \_\_\_\_\_  
Fainting Spells \_\_\_\_\_      Difficulty w/balance \_\_\_\_\_  
Frequent Headaches \_\_\_\_\_      Defects in legs/feet \_\_\_\_\_  
Emotional Problems \_\_\_\_\_      Chest Pains \_\_\_\_\_  
Poor Hearing \_\_\_\_\_      Back Pain \_\_\_\_\_  
Poor Vision \_\_\_\_\_      Loss of Weight \_\_\_\_\_  
Painful Joints \_\_\_\_\_      Other \_\_\_\_\_  
Easy Fatigue \_\_\_\_\_      Identify:  
Persistent Cough \_\_\_\_\_  
Pregnancy \_\_\_\_\_  
Blood not Clotting \_\_\_\_\_  
Shortness of breath \_\_\_\_\_

## Medical History (Part Two)

If you identified any health problems in the previous page, please describe treatment below:

Date of Last Tetanus Shot: \_\_\_\_\_

*\*if it has been more than 10 years you are at risk for tetanus. Booster shots are available at Deschutes County Health for \$15.00*

I will not hold the Corps program responsible for any non-program related accident or illness, and I authorize first aid or emergency medical care to be performed at the nearest medical facility approved by the program. To my knowledge I have not been exposed to a contagious or infectious disease in the past three weeks. I am in a state of health that would allow full participation in all Corps activities.

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Signature of Applicant

Date

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

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Signature of Parent or Guardian

Date

### Basic Functional Requirements for Outdoors Work\*

Lifting (25 # or more)  
Carrying (25# or more)  
Straight Pulling  
Pushing  
Reaching above shoulder  
Use of fingers  
Both hands required  
Walking  
Standing for long hours  
Repeated bending

### Environmental Factors

Excessive heat or cold  
Excessive humidity or dampness  
Excessive Chilling  
Dry Atmospheric Conditions  
Excessive noise  
Slippery/Uneven walking surfaces  
Working closely with others

\*Reasonable Accommodations will be made for people with disabilities.

**REQUEST FOR STUDENT RECORDS**

Redmond School District  
850 West Antler Avenue  
Redmond, OR 97756  
Off. (541) 923-4868  
Fax (541) 923-4867

**Request records for**

**Name of Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_

**Last School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Last School Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

***Please Mail the Following Records:***

\_\_\_\_\_ Cumulative File      \_\_\_\_\_ Special Ed Rec.      \_\_\_\_\_ Legal Files

\_\_\_\_\_ Behavior      \_\_\_\_\_ Attendance      \_\_\_\_\_ Other

\_\_\_\_\_ Immunization      \_\_\_\_\_ Transcripts      \_\_\_\_\_

***Please Fax the Following Records:*** \_\_\_\_\_

The above-named student enrolled in the Redmond School District on: \_\_\_\_\_

**Redmond School District 2J is informing the parents of their Right to Inspect, Review, and Challenge the content of the student's records.**

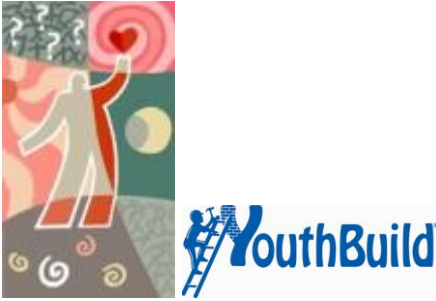
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*(Consent is no longer mandatory for transfer of student records between educational institutions.)*



Heart of Oregon YouthBuild  
850 SW Antler Avenue  
Redmond, OR 97756

## Heart of Oregon YouthBuild Photo and Videotape Release Form

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

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

I further waive and relinquish any and all rights I have or might have to inspect or approve any photograph, videotape image, tape recording or other form of reproduction of my image, likeness or voice.

This agreement shall not obligate Heart of Oregon YouthBuild to use, prepare, produce, exhibit or distribute any photograph, videotape, image, and likeness or voice reproduction.

I further agree that Heart of Oregon YouthBuild has my consent and permission and the right to assign its rights hereunder, in whole or in part, to any person, firm or corporation.

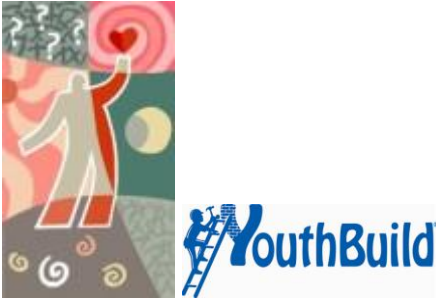
AGREED TO AND ACCEPTED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if participant is under 18)

\_\_\_\_\_  
Date



Heart of Oregon YouthBuild  
850 SW Antler Avenue  
Redmond, OR 97756

## DRUG TESTING CONSENT FORM

Part of working or volunteering for the Heart of Oregon YouthBuild includes random testing for controlled substances. If you wish to participate in the Heart of Oregon YouthBuild program, you must participate in such testing and consent to such testing by signing this form.

I understand that if I am found to be under the influence of intoxicants I may not be retained as a Heart of Oregon YouthBuild participant and will be subject to disciplinary action as defined by Heart of Oregon YouthBuild policy. Any consent to testing is voluntary on my part.

I consent to testing a specimen provided by me in order to determine the presence of controlled substance, and recognize that the results of an analysis of such specimen will be used to determine suitability or employment or program participation. I authorize the release of the testing results of authorized Heart of Oregon Corps officers and agents.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date