YCC Applicant Consent Form
To be completed by parent or guardian

TO PARTICIPATE IN THE YCC PROGRAM, THIS FORM MUST BE COMPLETED BY YOUR PARENT OR GUARDIAN AND **RETURNED WITH YOUR APPLICATION PACKET** to your chosen worksite

Middle Fork Ranger District
Attn: Shirley Bottoms
46375 Highway 58,
Westfir, OR 97492

McKenzie River Ranger District
Attn: Penny Harris
57600 McKenzie Highway
McKenzie Bridge, OR 97413

This consent form certifies that I have a basic understanding of the Youth Conservation Corps (YCC) program and that I give my consent for

_____ my son/daughter/ward, to participate in 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.

_____ _____
Date parent/guardian signature

In case of emergency, contact: _____

Relationship of contact: _____

Contact's phone number: home __ ( )_____

Work __ ( )_____

Cell ___( ) _____

Physical address of emergency contact: _____

_____