



MONTANA CONSERVATION CORPS
Tools for Living. Experience for Life.

MONTANA CONSERVATION CORPS

2012 Expedition Member Application

206 North Grand Avenue, Bozeman, MT 59715

P: (406) 587-4475 • F: 406-587-2606 • www.mtcorps.org

Thank you for applying to be an Expedition Member with Montana Conservation Corps! Please fill out this application as thoroughly and legibly as possible and return it as indicated on the MCC Expedition Dates and Information sheet. Although we cannot offer any guarantees, the earlier we receive your application the better your chances are of being offered a position. Typically most hiring occurs during March and April. Once we have your application we will call you to set up an interview, so please be sure to let us know how best to get in touch with you. Before we can offer you a position, you will also need to have two adults (non-family members) fill out an Expedition Member Reference form for you and have your parents fill out the Expedition Applicant Health Assessment form, included with this document.

APPLICANT INFORMATION

Name: _____

Address: _____
Street City State Zip

Email: _____ Date of Birth: _____ Age: _____ Male Female

Home Phone: _____ Cell Phone: _____

Best way & time to get in touch with you: _____

Parent/Guardian Name _____ Parent Email: _____

Parent/Guardian Home Phone: _____ Work Phone: _____

Which session do you prefer?*

- June- July
 July- August

**Please see MCC Expedition Dates and Info sheet for communities and dates.*

Shirt Size:

- Small
 Medium
 Large
 X Large

Where did you hear about MCC?

- Newspaper
 Past/Current YES Member
 School Presentation
 School Counselor
 Poster
 MCC Website
 Other: _____

EDUCATIONAL BACKGROUND

School Name: _____ Location: _____

Highest Grade Completed (as of June): _____ Last day of school this year: _____

ACTIVITIES

Please describe any work, volunteer, and/or extra-curricular (clubs, sports, hobbies) activities you have participated in the last two years:

Participating in the MCC is physically demanding; including living and working outdoors for part of the program (the entire time for Expedition), and working up to eight hours a day on conservation projects. Please describe any experience you have had, or will have, that would prepare you for this program (including camping, backpacking, hiking, manual labor, household chores, regular exercise):

GENERAL QUESTIONS

Please answer the following questions; take some time to think about your answers, use complete sentences, and ask someone to proof-read your answers before you turn in your application.

Why do you want to be part of Montana Conservation Corps Expedition?

Describe an experience you have had working within a team or group. What did you gain from that experience? *Alumni: describe what you gained from your previous experience in the MCC.*

Describe a time in your life when you had to face a difficult challenge and what you did to overcome the situation. *Alumni: describe a challenge you experienced while with the MCC.*

MCC ALUMNI

Have you ever served on an MCC crew? No Yes *If 'Yes' please complete the following questions:*

MCC Program: Montana YES Montana Expedition **Did you complete the entire program?** No Yes

MCC Region/Community: _____ **Year(s) Served:** _____

What do you hope to gain from serving another term with the MCC?

CERTIFICATION

I understand that volunteering with the Montana Conservation Corps will involve hard physical work, working as a member of a team, and living outdoors for much of the program. I understand that my participation in the MCC is contingent upon my agreement that I will abstain from the use of tobacco, alcohol, illegal drugs, or from engaging in sexual activities while participating with the MCC. I certify that I filled out this application in my own words, and that all of the statements made in this application are true, correct, and complete to the best of my knowledge. I understand that falsification or omission of information could result in dismissal from the MCC.

Applicant Signature: _____ Date: _____

I, the legal guardian of the applicant, have discussed this program with the applicant and I authorize him/ her to apply.

Parent/Guardian Signature: _____ Date: _____

Please see [MCC Expedition Dates and Information](#) sheet for where to send completed applications, or call MCC's headquarters for details: 1-866-JOIN-MCC



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MONTANA CONSERVATION CORPS 2012 Expedition Dates and Information

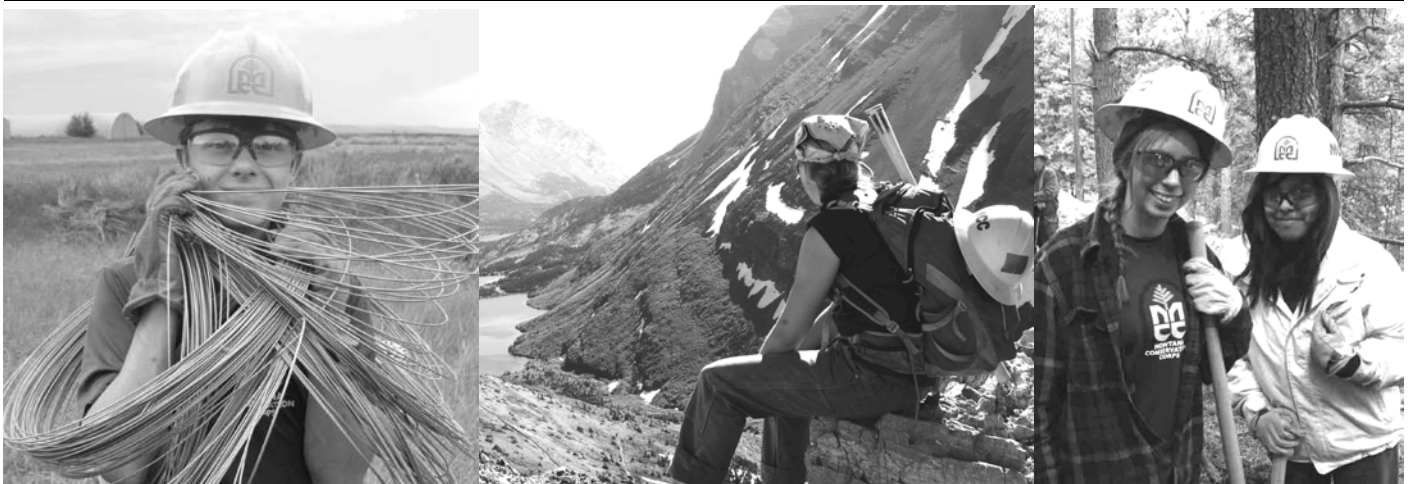
SERVE, LEARN, LAUGH, AND SWEAT!

Serving as an Expedition member with Montana Conservation Corps is a challenge worthy of its rewards! Laughter and hard work exist side by side in the MCC; you'll make new friends, overcome daily obstacles, and gain new muscles— all while giving back to Montana's people, wildlife, and landscapes. You will be expected to commit to joining the MCC as part of a tight-knit crew; members share in daily responsibilities from helping make sure everyone has their hard hat on at the work site to washing dishes at camp. The projects will be tough and physically demanding but with the support of your crew leaders and crew you'll learn the skills you need to succeed while having a blast!

ABOUT MONTANA EXPEDITION

Spend four weeks working, serving, and learning in some of Montana's wildest places. As an Expedition member you will join your two crew leaders and four other crew members to help conserve Montana's landscapes and gain valuable skills through challenging projects and rewarding educational opportunities. Expedition offers members the chance to develop job skills, practice small group leadership, learn about natural resource and recreation management, while living and working in the outdoors. Expedition is open to Montana teens ages 15 – 17. Participants must have the ability to serve as a mature, contributing member of a team that will be "roughing it" away from home for the better part of four weeks. More info: <http://www.mtcorps.org/join/mcc-expedition/>

Community:	2012 Dates:	Contact:	Mail Application and Forms To:
Billings	June 11- July 6 July 16- Aug 10	Tauzha Grantham (406) 651-1311 tauzha@mtcorps.org	MCC – Expedition Billings 2501½ Arnold Lane Billings, MT 59102
Bozeman	June 11- July 6 July 16- Aug 10	Tim Dwyer (406) 586-0151 tim@mtcorps.org	MCC – Expedition Bozeman 2310 N 7 th Ave, Unit D Bozeman, MT 59715
Helena	June 11- July 6 July 16- Aug 10	Oryana Sparks (406) 495-9214 oryana@mtcorps.org	MCC- Expedition Helena 2650 N. Montana Ave STE B Helena, MT 59601
Kalispell	June 11- July 6 July 16- Aug 10	Clifford Kipp (406) 755-3619 clifford@mtcorps.org	MCC – Expedition Kalispell 1203 Highway 2 West #27 Kalispell, MT 59901
Missoula	June 11- July 6 July 16- Aug 10	Bobby Grillo (406) 728-2720 bgrillo@mtcorps.org	MCC – Expedition Missoula 508 Toole Ave Missoula, MT 59802





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Expedition Applicant Reference

This form should be completed by an adult who is not a relative and knows the applicant well: such as a teacher, advisor, employer, group leader, coach or administrator. This form must be completed and returned to the MCC regional office you applied to before a position can be offered. Completed reference forms can be turned in with your application or at a later date. See the Expedition Application for where to send applications and forms.

Expedition applicants are required to have two references. For Expedition applicants that are alumni of MCC, at least one reference must be from a former MCC regional staff member or crew leader.

Applicant:

Please fill out the below information before giving to your reference.

Applicant Name: _____ Phone: _____

Address: _____
Street City State Zip Code

Name of Reference: _____

The above named individual is applying to be an Expedition Member with Montana Conservation Corps. MCC Expedition Members will spend four weeks performing volunteer service projects in their community and on remote public lands. **The nature of the work involves hard physical labor, living and working in rugged outdoor conditions, and participating as a contributing member of a team.** Please keep in mind the nature of this work in your assessment of the applicant's capabilities and limitations. Candid responses are expected, and help the MCC make hiring decisions with the best interests of the youth we serve in mind. Attach additional comments if necessary.

Reference:

Please fill out the below information and return to the applicant. This form may be placed in a sealed envelope with the applicants name on the envelope, if so desired.

1. How long have you known the individual and in what capacity?

2. Please respond to the following statements about the applicant, using the indicated scale:

	Strongly Agree	Somewhat Agree	Neither agree nor disagree	Somewhat Disagree	Strongly Disagree	Do not know
Is mature and independent	5	4	3	2	1	n/a
Is open to new people and experiences	5	4	3	2	1	n/a
Demonstrates initiative and dedication	5	4	3	2	1	n/a
Is able to follow directions	5	4	3	2	1	n/a
Adapts well to changing circumstances	5	4	3	2	1	n/a
Is a hard worker	5	4	3	2	1	n/a
Shows a strong sense of responsibility	5	4	3	2	1	n/a

Interacts well with peers	5	4	3	2	1	n/a
Has strong communication skills	5	4	3	2	1	n/a
Demonstrates leadership capacity	5	4	3	2	1	n/a
Possesses a high energy level	5	4	3	2	1	n/a
Has a good sense of humor	5	4	3	2	1	n/a

3. Describe 2-3 of the applicants strongest attributes:

4. Describe one area the applicant can grow and/or improve in:

5. Use this space to reflect on any additional information regarding the applicant's qualifications:

Reference Name (please print): _____

Profession/Title: _____

Telephone Number: _____

Email: _____

Address: _____

I recommend the applicant for a position as an MCC Expedition member:

- No reservations
- Some reservations
- Significant reservations

Reference Signature: _____

Date: _____



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Reference Signature: _____

Date: _____



Expedition Applicant Health Assessment

In order to provide a safer and more successful experience for its members, the MCC requires parents/guardians to complete this Health and Medical Information form for your son/ daughter. Please be honest and thorough; it is your child's best interest to fully disclose medical information upfront so the MCC can be prepared to provide appropriate care and avoid potentially harmful situations for your son/daughter. Applicant medical information is confidentially stored and will be shared with the applicant's crew leaders.

Applicant name: _____ Date of Birth: ___/___/____ Male Female

Parent / Guardian completing this form: _____ Phone: _____

MEDICAL HISTORY

1. Date of last Tetanus shot (month / year): ___/____
If the applicant has not had a Tetanus shot in the last 10 years we highly recommend getting one prior to starting MCC

2. Check Yes or No to indicate any current or past conditions the applicant has experienced **in the last 2 years**:

	Yes	No		Yes	No		Yes	No			
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or reoccurring illness/condition	10.	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	19.	<input type="checkbox"/>	<input type="checkbox"/>	Drug/alcohol addiction
2.	<input type="checkbox"/>	<input type="checkbox"/>	Infectious condition	11.	<input type="checkbox"/>	<input type="checkbox"/>	Frequent headaches	20.	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalized or surgery for any reason	12.	<input type="checkbox"/>	<input type="checkbox"/>	Vision/ wear glasses or contacts	21.	<input type="checkbox"/>	<input type="checkbox"/>	Head injury
4.	<input type="checkbox"/>	<input type="checkbox"/>	Back pain/ injury	13.	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder	22.	<input type="checkbox"/>	<input type="checkbox"/>	High/low blood pressure
5.	<input type="checkbox"/>	<input type="checkbox"/>	Joint problems or injuries	14.	<input type="checkbox"/>	<input type="checkbox"/>	Depression	23.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
6.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	15.	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	24.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
7.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting	16.	<input type="checkbox"/>	<input type="checkbox"/>	Bipolar Disorder	25.	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis or Anemia
8.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	17.	<input type="checkbox"/>	<input type="checkbox"/>	Oppositional Defiance Disorder	26.	<input type="checkbox"/>	<input type="checkbox"/>	Heart condition
9.	<input type="checkbox"/>	<input type="checkbox"/>	Aspergers Syndrome	18.	<input type="checkbox"/>	<input type="checkbox"/>	History of self harm	27.	<input type="checkbox"/>	<input type="checkbox"/>	Caseworker/ counselor
28.	<input type="checkbox"/> Other relevant conditions: _____										

Please explain any "YES" answers below. Note the question number and include specific dates, extent, and status of condition. If applicable, please describe activities or environments that may trigger or worsen the condition and steps that are being taken to manage the condition. Please be thorough; use an extra page if necessary:

ALLERGIES

Please list all allergies to **Medications, Foods, or Environment** (insect stings, hay fever, animal dander, etc.).

Allergy	Date of last reaction	Description of Reaction	Treatment	Rx Epinephrine
				Yes / No
				Yes / No
				Yes / No

MEDICATIONS

No, the applicant does not take any medications on a routine basis.

Yes, the applicant takes medication(s) as follows (attach additional pages if necessary). Please list ALL medications being taken, including over-the-counter or nonprescription drugs, by the applicant:

Medication (full name): _____	Dosage: _____ Specific times each day: _____
Reason for taking: _____	Side effects: _____ Special handling instructions: _____ Date began and (if applicable) changed dosage: _____
Medication (full name): _____	Dosage: _____ Specific times each day: _____
Reason for taking: _____	Side effects: _____ Special handling instructions: _____ Date began and (if applicable) changed dosage: _____
Medication (full name): _____	Dosage: _____ Specific times each day: _____
Reason for taking: _____	Side effects: _____ Special handling instructions: _____ Date began and (if applicable) changed dosage: _____
If the medication or dosage for any prescription drug has changed within the last three months, what was the change? Why and when did it occur? _____ _____	

CURRENT HEALTH

Please provide any additional information about the applicant's physical, emotional, or mental health that the MCC should be aware of. Please also use this space to list any accommodations the applicant may need in order to participate in the MCC:

AGREEMENT AND RELEASE

The information provided in this document is correct and complete to the best of my knowledge. I have not knowingly omitted any relevant information. I hereby give permission to the Montana Conservation Corps (MCC) staff and leaders to seek emergency medical treatment and arrange necessary transportation for my son/daughter. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by MCC to secure and administer treatment, including hospitalization, for my son/daughter. If MCC staff request that I evacuate my child at any time during the program, I commit to providing the necessary and requested transportation as soon as possible.

Parent/ Guardian Signature: _____ Date: _____