



**HEART OF OREGON CORPS**  
Empowering change.



- Heart of Oregon Corps screens applicants based on their eligibility for our programs and their motivation to complete our programs.
- See [www.heartoforegon.org](http://www.heartoforegon.org) for due dates and eligibility information for various programs. Questions? Call us at 541-633-7834. TTY/TDD: Dial 711
- Alternative formats are available upon request by contacting the Program Coordinator at [info@heartoforegon.org](mailto:info@heartoforegon.org) or 541-633-7834.

### Initial Application for All Programs

Which Heart of Oregon Corps Program(s) are you applying to?

- AmeriCorps     
  Stewardship     
  COYCC     
  Camp LEAD  
 YouthBuild     
  Not sure (a staff member will call to discuss which program fits your needs)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressApartment/Unit #  
 \_\_\_\_\_  
CityStateZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Secondary Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Are you a citizen of the United States, National or Permanent Resident Alien?    YES  NO     If no, are you authorized to work in the U.S.?    YES  NO

Have you ever worked for this company?    YES  NO     If yes, when? \_\_\_\_\_

Gender (optional)?    M  F  O

Race/Ethnicity (optional) \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES  NO     Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES  NO     Degree: \_\_\_\_\_

YTP specialist? Y/N (required for Camp LEAD) \_\_\_\_\_ Their name: \_\_\_\_\_ Their phone: \_\_\_\_\_



