* = Required field for entire application



Please print LEGIBLY, in INK

Application can be filled out and submitted online at **ecology.wa.gov/EYC** - then click on the link for Northwest Region

FIRST NAME:	M.I
LAST NAME:	* BIRTHDATE: / /
dates listed below. Please visit our website at http://www.ecy.wa	rest Regional Office will run summer crews in the locations and during the a.gov/programs/swfa/eyc/nwro.html for additional information. If you are , check BOTH. If hired, crew members work ONLY one session.
Session 1: July 1 to July 25, 2019	Session 2: July 29 to Aug 22, 2019
Whatcom Skagit/North Snohomish	Whatcom Skagit/North Snohomish
Central & South Snohomish Kitsap	Central & South Snohomish Kitsap
North King (includes Seattle <i>North</i> of I-90)	North King (includes Seattle <i>North</i> of I-90)
South King (includes Seattle South of I-90)	South King (includes Seattle South of I-90)
EQUAL OPPORTUNITY INFORMATION In order to ensure equal employment opportunity, the Washington by completing the following information. Your answers will be treated to the completion of the com	State Department of Ecology requests your voluntary cooperation eated as confidential.
GENDER: Male Female DISABLE	ED? NO YES
RACE / ETHNIC ORIGIN (check all that apply)	_
☐ A – Native American ☐ M – Hispanic	
☐ B – African American ☐ W – Caucasian	Other (explain)
APPLICANT CONTACT INFORMATION	
* HOME ADDRESS	
* CITY:*ST/	ATE:*ZIP CODE:
* BEST PH # TO REACH YOU AT:()	HOME PHONE:()
☐ CHECK IF SAME AS HOME ADDRESS	
* MAILING ADDRESS (or PO Box):	
* CITY: STA	TE:ZIP CODE:
* Have you ever been convicted of a misdemeanor or felon	y? ☐ Yes ☐ No
* Where did you learn about this opportunity? ☐School ☐	Ecology Website Other
EMERGENCY CONTACT INFORMATION	
* FIRST NAME: M.I.	* LAST NAME:
	CELL PHONE: ()
	er
EDUCATION INFORMATION	
* SCHOOL NAME:	* CURRENT GRADE LEVEL:

MPLOYER #1	NAME:				START	DATE: _		_ END	DATE:
ADDRESS:				CITY: _			_STATE		ZIP:
PHONE: ()		HOURS PER V	VEEK:		_ NAME OF IMM	1EDIATE	SUPER	/ISOR:	
SPECIFIC DUTI	ES:								
MPLOYER #2	NAME:				START	DATE: _		_END D	PATE:
ADDRESS:				CITY: _			_STATE	:	ZIP:
PHONE: ()		HOURS PER V	VEEK:		_ NAME OF IMM	1EDIATE	SUPER	/ISOR:	
SPECIFIC DUTI	ES:								
Describe any	y skills or e is and inclu	de the dates an	d through d nature o	volunte of the pr	pility) eer work, commu oject or organiz	ation:			
Describe any organization	y skills or e is and inclu	xperience gaine de the dates an	d through id nature o	volunte	eer work, commu oject or organiz	ation:			
Describe any organization	y skills or e is and inclu	xperience gaine de the dates an	d through id nature o	volunte	eer work, commi oject or organiz	ation:			
Describe any organization	y skills or e as and inclu cial skills o	xperience gaine de the dates an r capabilities yo	d through d nature of the state	volunte of the pr at relate d out this	eer work, commonication of the	y should	I we hire	e YOU?	o, the
Describe any organization Describe spe	y skills or e as and inclu cial skills o By checking the checking of the checking	r capabilities young this box, I certiful or provided is true of my application of this box means I ur	d through d nature of the control of the control of the comple of the complete	volunte of the pr at relate d out this see. I unde	eer work, commonication of the	y should the best remistered u	t of my kn	e YOU?	e, the ay result in the

Signature of APPLICANT (in INK)

WHERE TO MAIL (or hand deliver) this APPLICATION and at least one TEACHER REFERENCE: (NO FAXES)

Ecology Youth Corps Attn: Sarah Elledge 3190 160th Ave SE Bellevue WA 98008-5452

NOTE: Due to the large number of applications submitted, we are unable to interview everyone who applies. For more information, visit Ecology's website at:

ecology.wa.gov/EYC - then click on the link for "Northwest Region"