

Youth Farm Project



An extension of the Community Food Resource Center's mission to improve food security for the people of Pima County



2010 Apprentice Application Fall Session: September 11th—December 18th

Full Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: (____) _____ Cell Telephone: (____) _____

Email: _____

Sex: FEMALE MALE OTHER Date of Birth: _____ / _____ / _____
month day year

Race (circle one): African American Asian Caucasian/White Other
Hispanic/Latino Native American Pacific Islander Prefer Not to Respond

Ethnicity: _____

Current Age: _____ T-shirt size: S ___ M ___ L ___ XL ___ XXL ___

Parent/Guardian Name: _____ Work Telephone: (____) _____

Place of Employment and Title: _____

This person is my (circle one): Legal Guardian Mother Father Relative

Other Parent/Guardian Name: _____ Work Telephone: (____) _____

Place of Employment and Title: _____

This person is my (circle one): Case Worker Mother Father Relative

Current School Name: _____

School Telephone: (____) _____

Current Grade Level (circle one): 7 8 9 10 11 12 other:

Name of person writing your reference: _____

This person is my (circle one) : Coach Teacher Employer Other

How did you find out about us? _____

We are excited to learn more about you! Think carefully about your personal answers to these questions. Write as completely as you can, and try to use all of the space provided. You may attach a separate sheet of paper if you need more room.

1. Why do you want to be a member of The Youth Farm Project's Apprenticeship Program?

2. Tell us about your community and the role that you fill within it. What does "community" mean to you (can include family, friends, school, city, etc)?

3. What would you like to achieve during your time as an Apprentice? How can the Community Food Resource Center and the Youth Farm Project help you do that? What do you want to get out of this job?

4. What do you think will be your biggest challenge working as an Apprentice for the Youth Farm Project?

5. The Youth Farm Project is an extension of the Community Food Bank. In your opinion, why do you think a food bank would have a farm?

6. Please tell us a few interesting things about yourself—from your favorite food to your proudest moment! Help us to get to know you better!

Youth Farm Project

Apprentice Program Reference Form

APPLICANT:

1. Put YOUR NAME HERE: _____
2. Give this form and a copy of the Fact Sheet to an adult who knows you well, but who is not a member of your family (such as a teacher, coach, employer, minister, etc). You may make copies of this form to give to more than one adult.
3. Explain to that person why you want to be an apprentice with The Youth Farm Project.
4. Ask that person to fill out the reference and return it to you in a *sealed envelope*. You will need to include the sealed reference letter in your application materials.

REFERENCE WRITER:

Thank you for taking the time to offer your perspective on this person! Please follow these steps:

1. Read the fact sheet given to you by the Youth Farm Project (YFP) applicant.
2. Fill in the requested information below and answer the four questions at the bottom of the page.
3. Return this form in a **sealed envelope** to the applicant. If you prefer, you may fax your form to (520) 624-6349 with a cover sheet addressed to *Youth Farm Project*.

If you have any questions, please contact Youth Farm Project staff at (520) 873-7401.

Name: _____

Title: _____ Organization/School: _____

Address: _____ Telephone: (____) _____

Please answer the following questions as fully as possible. Attach your answers to this sheet.

1. How long and in what capacity have you known this person?
2. Please give your assessment of this person in terms of responsibility, accountability, organization, preparation for work, and communication skills.
3. How would you assess their ability to work as a team player? Independently?
4. What do you think this person would contribute to the YFP Apprentice Program?
5. What challenges do you think they would face?
6. What other information do you think we should know when considering this person for a position at the YFP Apprentice Program?

Youth Farm Project

Medical Release Form

Name of Participant: _____ Birth Date: _____

Participant's Medical Insurance Coverage: _____

Name of Policy Holder: _____

Name of Insurance Company: _____ Policy Number: _____

Participant is Allergic to:

Medications: () Yes () No Specify: _____

Food Items: () Yes () No Specify: _____

Bee Stings: () Yes () No Specify: _____

Other: () Specify: _____

Is the Participant on any medication? () Yes () No Specify: _____

Special Needs (physical or emotional): _____

Family Doctor: _____ Doctor's Phone: _____

Emergency Contact: _____ Daytime Phone: _____

Home Phone: _____ Cell Phone (optional): _____

** In case of emergency, if family physician or emergency contact cannot be reached, I hereby authorize treatment by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Participant Signature (if 18 or older) _____

Parent/Guardian Signature (if under 18) _____

Waivers of Liability and Assumption of Risk:

- I hereby agree to release and forever discharge and hold harmless the Youth Farm Project (YFP) from any and all claims or causes of action against the YFP arising out of any cause whatsoever, including but not limited to claims arising out of the negligence or intentional conduct of its employees or agents, or from first aid provided by a YFP employee or volunteer.
- I understand that the YFP Apprentice Program may expose me to hazards, including sun, heat, tools, venomous creatures, and other potential hazards. I expressly assume the risk of injury or harm and release the YFP from all liability as a result of injury, illness, death or property damage.
- I attest that I am physically fit and prepared to perform the tasks assigned to me by the YFP.
- I agree to use my personal (or family) insurance as the primary provider in the event of injury due to my work as an Apprentice for the YFP.
- The YFP is not responsible for loss of damage to Apprentice's personal property.

Photographic Release:

I grant to YFP all rights, title and interest in any and all photographic, video, or audio recordings made of me and my property in my capacity as a volunteer.

I have read understand and agree to the above Youth Farm Project program policies, safety procedures, waivers and releases.

Apprentice Signature _____

Parent/Guardian Signature (if under participant is under 18) _____

Date _____

Parental Consent for Participant Support

(if participant is under 18)

I, _____ am aware of and give my consent to my child or dependent applying for the Youth Farm Project through the Community Food Bank. I understand the level in which I will need to participate, such as providing transportation to and from the work site, making sure my child has appropriate food and clothing for the day, and helping them with the necessary paperwork.

Signature: _____ Date: _____
Parent/Guardian