



SEED-TO-FEED SUMMER YOUTH PROGRAM 2014 APPLICATION INSTRUCTIONS

Imagine yourself at ECO City Farms for the month of July, 2014
A place to express yourself, experience & learn!

SEED2FEED brings youth together from different backgrounds to have fun together, while learning where food comes from, how it is grown and how to prepare it. Careful mentoring, meaningful work, humor and kindness are at the center of all we do at ECO City Farms!

You will find value in real work, create community that will persist when you return to your classrooms, and experience first hand what it means to be stewards of the earth, reconnect with food and be the change you want to see in this world.

Our staff is a diverse group of passionate activists who will create an inclusive, supportive environment that promotes self-discovery and a sense of belonging.

In this 20-Day SEED2FEED Summer Program

- You will be fully integrated into our new urban farm near Bladensburg High school - a highly productive place, with large vegetable gardens to help feed the local community.
- Every day you will be prepare lunch for one another using food grown on the farm. You will learn how to make bread and pasta from scratch, wield a cutting knife effectively, and prepare great meals.
- You will partner with area slam poets, chefs, food activists, artists, athletes, workers and farmers to learn about every aspect of the food system and how to live a meaningful life. *...the most important actor in this extraordinary learning setting will be you!*

Application Instructions

Who can apply and participate?

To apply you must:

- Be between 14 and 18 years old.
- Commit to attending the entire program everyday from July 7 - August 1, 2014; Monday -Friday: 9:00am-3:00pm
- Live in Prince George's County (preference given to residents of the Port Towns: Colmar Manor, Bladensburg, Edmonston, Cottage City)
- Be willing and able to do strenuous work outdoors in summer weather conditions (heat, rain, bugs, etc.)

How do I apply?

- Fill out the entire application completely.
- You can fill out and/or download all paperwork from our website: www.ecocityfarms.org
- All applications are due by May 1st, 2014.
- Late applications will not be considered.
- After all applications are received we will review and contact you for an interview.
- All applicants must be interviewed prior to acceptance.

Need help with your application? Please contact us!

We can provide you with assistance with filling out your application. Contact Viviana Lindo; Email: lindo@ecocityfarms.org. The subject heading must read "SYP2014Application". You can raise any questions/concerns you might have.

APPLICATION QUESTIONS

We want to know who you are! Think carefully about your answers to these questions. Be specific and try to use the full space provided. You may attach a separate sheet of paper if necessary. Let us know what experience you have related to community service, gardening or agriculture. **Please write neatly or type your answers.**

Question 1: Why do you want to be part of the Seed-to-Feed Summer Youth Program?

Question 2: What talents and interests do you bring to the team? What do you love to do?

Question 3: What do you want to **learn** this summer? What **skills** do you want to develop?

Question 4: What do you think will be your biggest challenges working at the urban farm this summer and how might you overcome them?

Thank you! If there is anything else you would like to know, feel free to attach another sheet of paper. More is better!



SEED-TO-FEED SUMMER YOUTH PROGRAM APPLICATION

JULY 7 - AUGUST 1 - 9:00AM - 3:00PM

STUDENT INFORMATION

Name: _____
First Middle Last

Age: _____ Grade: _____ Date of Birth: _____ / _____ / _____
month day year

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail: _____

Current School Name _____

Grade Level 9 _____ 10 _____ 11 _____ 12 _____

PARENT/GUARDIAN INFORMATION

Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ other phone: _____

Cell Phone: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

Please provide the name of someone we can contact in an emergency if the parents or guardians cannot be reached.

Name: _____

Relationship to Participant: _____

Home Telephone: _____ Work phone: _____

Cell Phone: _____ E-mail: _____

AUTHORIZATION OF PARENT/GUARDIAN

I grant permission for _____ to participate in ECO City Farm's Seed-to-Feed program at ECO City Farms in Bladensburg (at Autumn Woods Apartments), including 2 fieldtrips during the program, and if necessary, transportation with staff in staff vehicles. It is expressly understood that ECO City Farms, The Richman Group, nor the Magic Johnson Foundation shall not be responsible or legally liable for any losses of personal property, for any bodily injuries, or the results thereof, incurred and suffered by the participant while engaged in program activities. Furthermore, I hereby give my consent to allow my child to receive medical attention in the event of an emergency while participating in the Seed-to-Feed Summer Youth Program 2014.

Parent/Guardian Signature: _____ Date: _____



SEED-TO-FEED SUMMER YOUTH PROGRAM APPLICATION
JULY 7 - AUGUST 1 - 9:00AM - 3:00PM

PHOTOGRAPHY/VIDEO/FILM/WEBSITE/INTERNET RELEASE

We require student and parent permission to use the student's photograph, video or voice over for various media projects. The last names of students will be withheld from all published and public media. Please read the following, then date and sign where indicated. Thank you.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or radio recordings, soundtracks, films, photographs, or written articles, I hereby consent to the use and editing thereof and release ECO City Farms, The Magic Johnson Foundation, & The Richman Group, as well as their employees and assignees, from any and all claims resulting from such use.

I specifically state that ECO City Farms shall retain any and all rights of the photograph(s) and/or video/film production and or internet/website, including but not limited to, the right to reproduce, copy, edit, exhibit, publish or distribute such photograph(s) and/or video/film and/or internet.

FIRST & LAST NAME OF STUDENT (PLEASE PRINT)

SIGNATURE OF PARTICIPATING STUDENT

DATE

PARENT/GUARDIAN SIGNATURE:

DATE



EDUCATION HEALTH FORM

(Mandatory for ALL participants)

Participant's Name: _____
First Middle Last

Age: _____ Grade: _____ Date of Birth: _____ / _____ / _____
month day year

HEALTH HISTORY

please provide information about the severity and history of reactions.

Does the participant carry an epi-pen or inhaler? If so, please explain

Are there any specific activities to be encouraged, limited or avoided? If so, please explain.

Does participant have any special dietary restrictions? YES NO If so, please explain below.

Please check below if participant has a history of or currently has any of the following conditions:

CONDITION	History	Current	CONDITION	History	Current
Heart Defect / Disease	<input type="radio"/>	<input type="radio"/>	Epilepsy	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	Bleeding / Clotting Disorders	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>
OTHER: _____					

Please provide any other important health related information about participant.

- Program staff is not authorized to determine when an “as needed” medication is to be given.
- If your child needs to take medication, please send it in the original container with the prescription on the label.
- If your child can take their own medicine and a parent has authorized it, we will supervise them while taking it.

List all current medications participant is using.

Parent/Guardian Signature: _____ Date: _____