



Application for A.L.L. GREEN FUTURES Internship, Spring 2014
Onieda St. off San Jose Ave., SF, CA, 94112 (415) 206-9710 / (310) 245-1466

(Fill out one per student. Please print.)

Student's First Name _____ Middle Initial _____

Last Name _____

Current Grade _____ Age _____ Sex: M [] F [] Birth Date _____

Telephone No. _____

Address _____

City _____ Zip Code _____

School _____

Attended A Living Library School Program/ A.L.L. Green Futures Before? [] No [] Yes

When & Where? _____

Family Statistical Information

This information is for statistical purposes only, to satisfy funding agency requirements, and is kept confidential.

Please choose which RACE & ETHNICITY best describes the student:

Student's Ethnicity :

African: [] African American [] African Other _____

Asian: [] Chinese [] Filipino [] Indian [] Japanese [] Korean [] Laotian [] Thai [] Vietnamese [] Asian Other _____

Hispanic/Latino: [] Mexican/Mexico [] Central America [] South America [] Caribbean [] Hispanic Other _____

Middle Eastern: [] Arab [] Iranian [] Middle Eastern Other _____
[] Native American [] Native Alaskan Pacific Islander: [] Guamanian [] Hawaiian [] Tongan [] Samoan [] Pacific Islander Other _____

[] White [] Russian [] Multi-Racial/Multiethnic

[] Other (not included in this list) _____

Language spoken at home: _____

English Fluency: [] Fluent [] Not Fluent [] Somewhat Fluent

Access For All – Services are provided to people of all abilities.

Does your child need a reasonable accommodation to participate in this program? [] YES [] NO

Is your child or are family members in household eligible for services from: [] TANF [] JTPA

[] Food Stamps [] SSI [] Medi-Cal

Parent/Guardian Information

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Emergency Information

Please list the name and phone number of persons who can be contacted in case of an emergency. Attach list of additional contacts if necessary.

Name _____ Relationship _____
Telephone _____

Name _____ Relationship _____
Telephone _____

Dismissal/Sign Out

We Can Only Release Your Child To The People Listed Below:

My Child may be picked up by the following adults (please list full names):

“My Child is allowed to leave the program without an adult to travel home” (circle one) **Yes** **No**

In case of separation or divorce, does the non-custodial parent have permission to pick up the child?

Yes **No**

Medical Information

Health Insurance Provider: Name _____

Policy Number _____

Physician _____ Phone _____ Does your child have any medical conditions (allergies, asthma, heart condition, seizures, diabetes, hearing or sight loss, etc)? **Yes** **No**

Please explain _____

Does your child take any medication during the day?

Yes **No** Please explain: _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (Housing & Urban Development)/MOCD officials.

Parent/Guardian Printed Name _____

P/G Signature _____ Date _____

The child under my care, _____, (print student's first & last name) has my permission to work with Life Frames, Inc and San Miguel Child Development Center this fall in the Living Library Gardens and with the native trees and artworks as part of the Streetscape Transformation.

I understand that my son or daughter, or the child under my care:

- Will be helping younger students from San Miguel Child Development Center to learn about/work with the plants and the landscape.
- May come home with dirty clothes and shoes from working in the garden soil
- Will be working with the Living Library project each Tuesday, Wednesday, & Friday afternoons from 3:30 - 5:30 PM beginning January 10, 2014 through May 30, 2014.
- May be videotaped and/or photographed through participation in Life Frames, Inc. & A Living Library's Garden/Ecology/Arts/Nutrition activities for the purposes of documenting the students' good & important work with A Living Library programs in print publications, exhibitions, website and/or television through video, photo and digital camera, or recorded voice, and
- Will receive a monetary stipend at the end of each month based on the quality of his / her participation and attendance in the program.
- **Modest Monetary Stipend to be given at end of each session:** \$50 based on attendance & quality of participation

I have read this and want to participate:

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Student Application Form

Check here and sign that you understand you are committing to the hours of the internship every Tuesday, Wednesday, and Friday from January 10th to May 30th, 3:30 PM - 5:30 PM for Spring Session. Unless otherwise arranged with A Living Library Teacher.

Print Name: _____

Sign here: _____ Date: _____

Please answer the following questions neatly and honestly in full sentences. Do not worry about grammar and english language skills. We are interested in your ideas. Use the back of paper if you need more space.

1. Why are you interested in this internship? What do you hope to gain from this experience?

2. Do you like to garden, or are you interested in learning?

3. Share a memorable experience of working in the garden, or enjoying the outdoors and nature.

4. Would you be interested in continuing as an intern during Summer Session?

YES NO

Student Signature: _____

Parent Signature: _____

A LIVING LIBRARY GREEN FUTURES PROGRAM (Spring 2014)

AGREEMENT AND LIABILITY RELEASE FORM

I _____, HEREBY ACKNOWLEDGE that I am voluntarily
(Print Your Full Name Here)
participating in the **Living Library GREEN FUTURES Internship Program** provided by **Life Frames, Inc.**, a California non-profit corporation.

I HOLD HARMLESS LIFE FRAMES, INC., SHOULD ANY ACCIDENT OCCUR DURING ANY PART OF THE PROGRAM RESULTING IN PERSONAL INJURY OR PROPERTY DAMAGE TO ME, OR MY FAMILY MEMBERS, IF THEY ARE ALSO PARTICIPATING.

I understand that we will be working with diverse tools, equipment, and materials and that there might be a risk of injury from unforeseen circumstances. I understand that the garden sites and surrounding areas cannot be assured to be free of defects. I also understand that in addition to the above-mentioned risks, there may be unpredictable events that might be involved in this activity.

I also certify that I am physically and mentally fit for participation in these activities and have not been advised otherwise by a qualified medical person.

I consent to receive emergency medical treatment, which may be deemed advisable in the event of injury, accident and/or illness while participating in this program.

I FULLY UNDERSTAND THE ABOVE AND HEREBY HOLD HARMLESS LIFE FRAMES, INC., AND AGREE TO ACCEPT ANY AND ALL RISKS - INCLUDING PERSONAL INJURY, LIABILITY, OR PROPERTY DAMAGE.

I agree, to the best of my ability, to participate in this program in a safe and courteous manner.

Youth Intern Name & Signature Here: _____

Parent or Guardian Name & Signature Here: _____

This Release is intended to discharge in advance, Life Frames, Inc., or any designated representatives or respective agents of those mentioned above, from and against any and all liability arising out of, or connected in any way with my participation in this project.

Furthermore, I hereby agree that I, my heirs and assigns will not make claim against, sue, attach the property of, or prosecute Life Frames, Inc., or any other designated representative or respective agent of those mentioned above, for injury or damage resulting from active or passive negligence, carelessness or other acts, which might result from my participation in this program.

Youth Intern Signature _____ Date _____

Parent or Guardian Signature _____ Date _____