



Application for "A.L.L. ECO - Stewards" at St. Mary's Park, Summer 2014

95 Justin Dr. at Murray, SF, CA, 94110 (415) 206-9710

(Fill out one per student. Please print.)

First Name _____ Middle Initial _____

Last Name _____

Current Grade (If applicable) _____ Age _____ Sex: M[] F[] Birth Date _____

Telephone No. _____

Address _____

City _____ Zip Code _____

School _____

Attended A Living Library School Program/ A.L.L. Student Stewards Internship 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

Country Born: _____

Gay/Lesbian/Bisexual: [] YES [] NO

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

Do you need a reasonable accommodation to participate in this program? [] YES [] NO

Are you or are family members in your household eligible for services from: [] TANF [] JTPA [] Food Stamps [] SSI [] Medi-Cal

Have you ever been homeless? [] YES [] NO

Do you live in public housing? [] YES [] NO

Have you participated in CalWORKS? [] YES [] NO

Did you grow up in foster care? [] YES [] NO

Are you a teen parent? [] YES [] NO

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 _____

Medical Information

Health Insurance Provider: Name _____

Policy Number _____

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

Please explain _____

Does you take any medication during the day?

Yes No Please explain: _____

Convictions/Disciplinary Actions

Have you ever been the subject of an academic or non-academic disciplinary action, been suspended or expelled from school? _____

If yes, please explain: _____

Have you ever been convicted of any violation of local, state, or federal law? _____

If yes, please explain: _____

Please note, you're application will be considered if you answer "yes" to the above questions.

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 or Participant Signature _____ Date _____

My child or the student under my care, _____, (print first & last name) has my permission to work with Life Frames, Inc., and SF Recreation & Parks Department this summer at St. Mary's Recreation Center and Park, and the *Bernal Heights Living Library Nature Walk*.

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

- Will be planting native California trees and plants in the *Bernal Heights Living Library Nature Walk*, maintaining planted areas including watering, weeding, and other related activities, and learning about science and the environment.
- May come home with dirty clothes and shoes from working in the garden soil and landscapes.
- Will be working with the *Living Library Nature Walk* each Monday, Wednesday, & Friday from 1:00 PM – 5:30 PM beginning June 9, 2014 through August 15, 2014.

A.L.L. ECO-STEWARDS INTERNSHIP PROGRAM (Summer 2014)

AGREEMENT AND LIABILITY RELEASE FORM

I _____, HEREBY ACKNOWLEDGE that I am voluntarily
(Print Your Full Name Here)

participating in the **A.L.L. ECO-Stewards Program** provided by **Life Frames, Inc.**, a California non-profit corporation.

I HOLD HARMLESS LIFE FRAMES, INC., and SF RECREATION & PARKS DEPARTMENT (SFRPD), 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 SFRPD, 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.

Intern Name & Signature Here: _____

Parent or Guardian Name & Signature Here: _____

This Release is intended to discharge in advance, Life Frames, Inc., SFRPD, 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., SFRPD, 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.

Intern Signature _____ Date _____

Parent or Guardian Signature _____ Date _____