



**Life Frames, Inc., Sponsor of A Living Library Spring 2018**

**Application for A.L.L. GREEN FUTURES Paid Internship**

At: Onieda St. off San Jose Ave., SF, CA, 94112

**~ Fill out one per student ~ Please print clearly and fill out completely ~**

Contact: Jennifer Brandel ~ email:brandel.jennifer@gmail.com

Return in person or by email to Jennifer Brandel right after the holiday break

**Student Intern Information**

Student's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex: M[ ] F[ ] Birth Date \_\_\_\_\_

Telephone

No. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_

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

Location/Date: \_\_\_\_\_

Family Statistical/Demographic 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 \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Information**

Please list the name and phone number of persons who can be contacted in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**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):

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“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, Thursday, & Friday afternoons from 3:30--5:30 from Tuesday, January 9th to Tuesday, June 5th.
- 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, up to \$100/year or \$50/semester at the end of the program, based on the quality of his/her participation and attendance in the program.

I have read this and want to participate:

Parent or Guardian's

Name \_\_\_\_\_

Parent or Guardian's

Signature \_\_\_\_\_

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**Student Application Form**

[ ] Fall : Check here and sign that you understand you are committing to the hours of the internship every Tuesday, Thursday, and Friday 3:30-5:30 from January 9th to June 5th, 2017. 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.

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**A LIVING LIBRARY GREEN FUTURES PROGRAM**

**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 \_\_\_\_\_