



Life Frames, Inc., Sponsor of A Living Library FALL 2018

Application for A Living Library - GREEN FUTURES Paid Internship

Meet at: Onieda St. off San Jose Ave., SF, CA, 94112 on September 18.

Session runs on Tuesdays and Wednesdays, September 18-December 13

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

Contact: Jennifer Brandel ~ email: jenniferbrandel@alivinglibrary.org

Return in person or by email.

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 :

- | | | | |
|---|---|--|---|
| [<input type="checkbox"/>] African | [<input type="checkbox"/>] African American | [<input type="checkbox"/>] African Other _____ | [<input type="checkbox"/>] Asian |
| [<input type="checkbox"/>] Chinese | [<input type="checkbox"/>] Filipino | [<input type="checkbox"/>] Indian | [<input type="checkbox"/>] Japanese |
| [<input type="checkbox"/>] Korean | [<input type="checkbox"/>] Laotian | [<input type="checkbox"/>] Thai | [<input type="checkbox"/>] Vietnamese |
| [<input type="checkbox"/>] Asian Other _____ | [<input type="checkbox"/>] Hispanic/Latino | [<input type="checkbox"/>] Mexican/Mexico | |
| [<input type="checkbox"/>] Central America | [<input type="checkbox"/>] South America | [<input type="checkbox"/>] Caribbean | |
| [<input type="checkbox"/>] Hispanic Other _____ | [<input type="checkbox"/>] Middle Eastern: | [<input type="checkbox"/>] Arab | |
| [<input type="checkbox"/>] Iranian | [<input type="checkbox"/>] Middle Eastern Other _____ | | |
| [<input type="checkbox"/>] Native American | [<input type="checkbox"/>] Native Alaskan | [<input type="checkbox"/>] Pacific Islander | |
| [<input type="checkbox"/>] Guamanian | [<input type="checkbox"/>] Hawaiian | [<input type="checkbox"/>] Tongan | |
| [<input type="checkbox"/>] Samoan | [<input type="checkbox"/>] Pacific Islander Other _____ | [<input type="checkbox"/>] White | |
| [<input type="checkbox"/>] Russian | [<input type="checkbox"/>] 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):

“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 3:30pm-6:00pm and Wednesday 1:30pm-6:00pm for High Schoolers

and

Tuesday 3:30pm-6:00pm and Wednesday 3:30pm-6:00pm for Middle Schoolers

- 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, \$250 for High Schoolers and \$175 for Middle Schoolers at the end of the program, based on the quality of their 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 from September 18 – December 13, 2018. 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 _____