



Life Frames, Inc., Sponsor of A Living Library - School Year Program 2020-21

Application for A.L.L. GREEN FUTURES Paid Internship for High School to Age 24 Youth

Meet in Lower Garden, OMI/Excelsior Living Library & Think Park: Oneida St. off San Jose Ave.,
San Francisco, CA. 94112

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

Contact: Marius Samsó Lucas ~ email: mariusamsos@hotmail.com, phone: 510-541-2594

Return in person or by email to Marius, or your Science Teacher by, October 12, 2020

PROGRAM DATES: BEGIN: OCTOBER 11, 2020 – END: JUNE 2, 2021

MEET EVERY: MONDAY, 3:30-6, TUESDAY, 3:30-6:00, WEDNESDAY, 2:00-6:00, Thursday, 3:30-6:00. FRIDAY, 3:30-5:30

One Saturday per month (Dates TBD) - (excluding holidays)

Earn up to \$1200 based on attendance & quality of your participation

YOU DO NOT HAVE TO ATTEND EVERY SESSION EACH WEEK

Program will be conducted in Spanish & English – some Chinese - with Social Distancing, Hand Washing & each Participant must wear a Protective Mask

Youth Intern Information

First Name _____ Middle Name _____ Last Name _____

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

Telephone _____ Email _____

Address _____

City _____ State _____ Zip Code _____

School Attending if applicable _____

Have you Attended 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 Participant'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(s) spoken at home: _____

English Fluency: Fluent Not Fluent Somewhat Fluent

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

Does your youth need a reasonable accommodation to participate in this program?

YES NO

Is your youth or are family members in household eligible for services from:

TANF JTPA Food Stamps SSI Medi--Cal

Parent/Guardian Information for High School Students to Age 18

Name _____ Relationship _____ Telephone _____
 _____ Email _____

Name _____ Relationship _____ Telephone _____
 _____ Email _____

Emergency Information for All Ages

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

Name _____ Relationship _____

Telephone _____ Email _____

Name _____ Relationship _____

Telephone _____ Email _____

Life Frames, Inc., Sponsor of A YouthLiving Library School Year 2020-2021

Parent Form Must Be Filled Out

Dismissal/Sign Out - We Can Only Release Your Youth to 18 years To The People Listed Below:

My Child under age 18 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 non--custodial parent have permission to pick up child? [Yes] [No]

Medical Information for All Ages: Health Insurance Provider: Name _____

Policy Number _____ Physician _____

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

Please explain _____

Does your child or older youth 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.

Parent/Guardian: Printed Name _____

Signature _____ Date _____

Contact Information: Phone: _____ Email _____

FOR YOUTH AGE 18 & OLDER:

I hereby certify that, to the best of my knowledge, the above statements are true and correct.

Printed Name _____

Signature _____ Date _____

Contact Information: Phone: _____ Email _____

The child under my care or myself, older than 18 years, _____, (print participant's first & last name) has my permission to work with Life Frames, Inc., at James Denman Middle School, San Miguel Early Education School, Leadership High School, in ALL Nature Walk in Bernal Heights this School Year 2020-2021 in the Living Library Gardens & Landscapes with CA native trees, artworks, Seneca Streetscape Transformation, and with younger San Miguel students as part of the OMI/Excelsior Living Library & Think Park.

I understand that my son or daughter, or child under my care or older youth 18 & above:

- Will be helping younger students from San Miguel EES to learn about/work with the plants and landscapes.
- May come home with dirty clothes and shoes from working in the garden soil and with plants
- Will be working with the Living Library project each Monday, Tuesday, Wednesday, Thursday, Friday afternoons from Monday 3:30 – 6, Tuesday 3:30--6:00, Wednesday 2:00-6:00, Thursday Friday 3:30- 6:00, Plus 1 Saturday per month – Dates & Times TBD

Beginning Monday, October 11, 2020 to Tuesday, June 2, 2021.

- Youth May be videotaped and/or photographed through participation in Life Frames, Inc. & A Living Library Garden/Ecology/Arts/Nutrition Green Skills Job Training activities for purposes of documenting the Participants' good & important work with A Living Library programs, for: print publications, exhibitions, website and/or television through video, photo and digital camera, or recorded voice.
- Youth Will Receive a monetary stipend, up to \$1200 for High School Students to Age 24 at end of the program, based on the quality of his/her participation and attendance in the program.

I have read this and want my child to participate:

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Date:- _____

Phone Number _____ Email _____

For Youth Ages 18-24:

I have read this and want my to participate:

Your Name _____

Your Signature _____

Date:- _____

Phone Number _____ Email _____

Life Frames, Inc., Sponsor of A.L.L. Green Futures School Year 2020-2021

Youth Application Form

[] Check here: and sign that you understand you are committing to the hours of the internship every Monday 3:30-6:00, Tuesday, 3:30-6:00, Wednesday, 2:00-6:00, Thursday 3:30-6:00, Friday 3:30-6:00 PLUS 1 SATURDAY AFTERNOON PER MONTH- TIME & DATES TBD

YOUTH DO NOT HAVE TO PARTICIPATE IN EACH SESSION BUT STIPEND AMOUNT WILL BE LESSEned BASED ON ATTENDANCE & PARTICIPATION

BEGIN OCTOBER 11, 2020 to END: JUNE 2, 2021, unless otherwise arranged with A.L.L. LEADER.

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 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, get your hands dirty in soil, learn green skills, or are you interested in learning?

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

Life Frames, Inc., Sponsor of A Living Library School Year 2020-2021

**A.L.L. GREEN FUTURES PAID INTERNSHIP
AGREEMENT & LIABILITY RELEASE FORM**

I _____, HEREBY ACKNOWLEDGE that I am voluntarily (Print Your Full Name Here) participating in the A.L.L. GREEN FUTURES PAID 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 PRINTED Name/Signature Here: _____

Parent or Guardian PRINTED Name /Signature : _____

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** _____