



KEEP GROWING DETROIT

2017 SUMMER YOUTH APPRENTICESHIP APPLICATION FORM

BASIC INFORMATION

Name: _____ Date: _____

Best phone number: _____ Email: _____

Age: _____ Zip code where you live: _____ Grade: _____

How do you plan to get to work? _____

Do you have any other commitments this summer? (if yes, describe) _____

Have you completed the Grow Detroit's Young Talent on-line application? (circle one) YES NO

Do you have any allergies? (if yes, list) _____

Do you have asthma? (circle one) YES NO

Do you have any health or physical restrictions? (explain) _____

Are you able to work Tuesday through Friday from 9-3pm July 11th - August 25th as well as attend a pre-work training July 5th - 6th? (circle one) YES NO

APPLICATION QUESTIONS

The Summer Youth Apprentice Program involves hard, physical work outside – like cleaning, pulling weeds, watering, spreading wood chips, building compost bins. Why are you interested in this kind of work?

Describe what your goals are for the summer and what you hope to get out of this summer program.

Why is food or farming important to you, your family or your community?

What special skills do you have that you would like to share or what skills would you like to develop?

Please respond to the following scenario:

It is has just started to rain while you and the other youth farmers were working. One of the other young people begins to get upset and begins saying negative comments about other people at the farm and in general becomes more distracting to everyone else. The young person complains and curses about the rain. You notice that a few young people try to ignore the situation, but others are listening & are becoming unhappy & distracted too.

What do you do?

EMERGENCY CONTACT

Name: _____ Relationship: _____
Phone number 1: (____) _____ - _____ Phone number 2: (____) _____ - _____

PHOTO RELEASE

I grant Keep Growing Detroit and its representatives the right to take and use photographs of me in print or electronically in connection with the Summer Youth Apprenticeship.

Signature: _____ Date: _____

IF CANDIDATE IS UNDER 18 YEARS OF AGE

I, _____ the parent/guardian of _____ hereby give my permission to allow him/her to participate in Keep Growing Detroit's 2017 Summer Youth Apprenticeship Program.

Signature: _____ Date: _____



Applications are due **Friday, June 1st 2017** in person or by mail to Keep Growing Detroit, Attention: Anita Singh 76 E Forest Ave Detroit, MI 48201 or by email to keepgrowinganita@gmail.com. For questions, email Anita Singh or call 313-757-2635.