

**Youth Community Agriculture Program**

**Crew Member Application**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application Year for which you are applying

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Relationship Phone Number (cell) Phone Number (home/work)

Do you have any Volunteer Experience? If yes, when and where? (Attach additional pages if necessary)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you participate in the Metro Youth Advocates Program or Shawnee Youth Advocates Program? □ Yes □ No If so, when \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed the Mayor’s Summer Works registration process through KentuckianaWorks?

□ Yes □ No

T-shirt size: (circle one) Small Medium Large Extra-Large

Shoe Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own transportation? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

9001 Limehouse Lane, Louisville, KY 40222 ● (502) 491-0072 ● www.foodliteracyproject.org

**References: Please provide at least 3 references**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address**  | **Phone** | **Email Address** | **Type (employer, teacher, family friend etc.)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Statement of Purpose**: Please answer the following questions on a separate sheet of paper regarding your interest in working as a Crew Member with the Food Literacy Project. Please limit your response to no more than 2 pages.

* ***What characteristics do you possess that will make you a successful YCAP Crew member?***
* ***What food issues are you passionate about? Why?***
* ***Describe a challenging situation you have experienced and how you handled or overcame the challenge.***

**Signature and Date**

I attest that all information contained in this application is true, to the best of my knowledge. I agree to the following:

* I am 16 – 19 years of age as of June 1, 2015
* I am available to work approximately 30 hours per week between June 16th and August 1st, 2015.
* I have the ability to perform rigorous and demanding outdoor physical farm labor including: digging, bending, lifting (less than 50 lbs.), squatting and kneeling in Kentucky summer conditions.
* I am prepared to work outside in all types of weather.
* I am interested in food systems, building the local food economy, food access, cooking, sustainable agriculture, the environment or community service.
* I am open to personal growth & have the desire to build job and leadership skills.
* I have the ability to work and communicate in a team as well as independently.
* I am submitting my statement of purpose as requested above with this application. .

**Parent/Guardian Meeting:** Parent/Guardians are required to attend an informational meeting. Date and time TBD.

**Photograph Consent** My signature below signifies that I authorize that any photographs or video recording taken of the Food Literacy Project Employee during work hours may be used by the Food Literacy Project for the purpose of promotion in perpetuity. I agree that the photo or video recording may be edited and otherwise altered at the sole discretion of the Food Literacy Project and used in whole or in part for any and all broadcasting, reproduction and/or exhibition purposes in any manner or media. I understand that these photographs and video recordings shall be fully owned by the Food Literacy Project and shall make no claim against the Food Literacy Project or the photographer for their use for any reason whatsoever.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 **Youth** **Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature** **Date**

**TO APPLY**

Send application along with statement of purpose to Kitty Nowak, Program Manager.  Hardcopy submissions are preferred (9001 Limehouse Lane, Louisville, KY 40222), but electronic applications are accepted by email: kitty@foodliteracyproject.org. You must also register with kentuckianaworks.org.

**The Food Literacy Project is an Equal Opportunity Employer:** The Food Literacy Project emphasizes diversity in both our programs and our staff, and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, or status as a veteran in accordance with applicable federal laws.