

**Bibby and Harold Alfond Children's Garden  
Youth Education Stewards (Y.E.S)  
Leadership Program Application**



**YOUTH INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (if OK to call): \_\_\_\_\_

Youth's Email Address (if applicable): \_\_\_\_\_

School Name: \_\_\_\_\_ Class of 20 \_\_\_

Will you be applying your hours towards volunteer service credit?  Yes  No

Anticipated Start Date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION AND CONSENT**

This summer, in the care of:  Both Parents  Mother  Father  Other \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

In Case of an Emergency, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

- I grant permission for my child to take part in all aspects of stewardship, including but not limited to: approaching and guiding visitors in need of direction; working with garden tools; digging, planting and working with soil; caring for chickens; activities by ponds or other water sources; craft making with tools such as scissors, glue, and paint.
- I allow my child to accept insect repellent or sun screen for skin protection if need be.
- I grant permission for emergency medical care or treatment to be administered to my child.
- My child and I have discussed the aspects of the Youth Education Stewards program and both understand the importance of keeping in good communication with Erika Huber, the staff member in charge of Y.E.S., as well as the importance of being a timely, responsible, safe, and helpful participant of Y.E.S.
- I understand I am responsible for arranging for my child to get to and from the Gardens if he or she has agreed to volunteer during specific dates and times.

- By signing this form, I understand that while it is the goal of Coastal Maine Botanical Gardens to provide a safe, supervised environment for my child, there are inherent risks in working in an outdoor setting and I will not hold Coastal Maine Botanical Gardens or their staff members accountable or liable for any injuries that unintentionally result from my child's participation in the Youth Education Stewards program, or that arise during his/her time spent at the Coastal Maine Botanical Gardens.
- Coastal Maine Botanical Gardens has my permission for my child's photo, image, likeness, and voice to appear in film, video recorded media, etc.

Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Please complete the "Youth Questionnaire" on the following page.\*\****

## YOUTH QUESTIONNAIRE

Are you familiar with Coastal Maine Botanical Gardens? How and why?

Why are you interested in the Youth Education Stewards (Y.E.S) Program?

Do you have any experience working with children or the public? If so, please describe.

What are your interests and hobbies?

***Please mail completed applications to:***

**Coastal Maine Botanical Gardens**

**ATTN: Erika Huber**

**P.O. Box 234**

**Boothbay, ME 04537**

If you have questions or would like more information, please contact Erika Huber, Youth and Family Program Coordinator at [ehuber@mainegardens.org](mailto:ehuber@mainegardens.org) or 207-633-4333 ext. 151.