Y.E.S. Youth Education Stewards Leadership Program Application

COASTAL MAINE BOTANICAL GARDENS

Youth Information

Name: _____Birthdate: ___/__/___ Age: _____

Permanent 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:_____ End Date:_____

Please check the specialized Y.E.S. activities and programs you would be interested in volunteering for (See the Y.E.S. Program description on our website for more details on the programs below):

☐ **Garden Helper** (help to take care of the Learning Garden during your volunteer shift)

☐ **Fairy Fridays** (assist with fairy-themed activities every Friday in July and August)

☐ **Nature Camp Assistant** (volunteer for a session of camp this summer and assist the Camp Coordinator with camp activities)

Which camp session are you interested in volunteering for?:

- ☐ July 16-20, Nature Adventure Camp, 9:30 a.m. - 1 p.m. (ages 4-5)
- ☐ July 23-27, Nature Adventure Camp, 12:30 - 4 p.m. (ages 6-8)
- ☐ July 30-August 3, Garden Explorers Camp, 9:30 a.m. - 1 p.m. (ages 4-5)
- ☐ August 6-10, Garden Investigators Camp, 12:30 - 4 p.m. (ages 6-8)

☐ **Y.E.S. Mentor** (volunteer with a new Y.E.S. participant to help them become more familiar with Y.E.S. responsibilities).

☐ **Discovery Cart** (returning Stewards can volunteer for our DECOMPOSERS Discovery Cart program. Volunteer for weekly shifts from 10 a.m. - noon or noon - 2 p.m.).

Please check your volunteer availability below (Y.E.S. participants are asked to sign up for one volunteer shift per week and a minimum of five volunteer shifts during the summer; *Please note that in July and August, the closing volunteer shift is from 3- 6 p.m.*):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐ 9:30 a.m.-noon	☐ 9:30 a.m.-noon	☐ 9:30 a.m.-noon	☐ 9:30 a.m.-noon	☐ 9:30 a.m.-noon	☐ 9:30 a.m.-noon	☐ 9:30 a.m.-noon
☐ 12-3 p.m.	☐ 12-3 p.m.	☐ 12-3 p.m.	☐ 12-3 p.m.	☐ 12-3 p.m.	☐ 12-3 p.m.	☐ 12-3 p.m.
☐ 3-5 p.m. (6 p.m. in July and August)	☐ 3-5 p.m. (6 p.m. in July and August)	☐ 3-5 p.m. (6 p.m. in July and August)	☐ 3-5 p.m. (6 p.m. in July and August)	☐ 3-5 p.m. (6 p.m. in July and August)	☐ 3-5 p.m. (6 p.m. in July and August)	☐ 3-5 p.m. (6 p.m. in July and August)

How many days/week are you interested in volunteering? _____

Dates you will not be able to volunteer: _____

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, talking with and guiding visitors; working with garden tools and scissors; digging, planting and working with soil; caring for chickens; activities by ponds or other water sources.

☐ I allow my child to accept insect repellent and sun screen if needed.

- ☐ 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 volunteer.
- ☐ I understand that I am responsible for arranging transportation to and from the Gardens if my child has agreed to volunteer.

Signature of Youth:_____Date: _____

Signature of Parent/Guardian: _____Date:_____

Waiver of Liability

We sincerely thank you for your interest in the Y.E.S. Program at Coastal Maine Botanical Gardens ("CMBG"). The safety of participants in our program is a top priority. We ask, however, that you sign this liability release before participating in the program.

By signing the form you agree that CMBG, its affiliates, directors, officers, employees, agents, volunteers and representatives have no liability for claims of personal injury, property damage, costs, liabilities, losses, fines, or obligations of any nature arising directly or indirectly out of your participation in the program or arising out of CMBG's administering of first aid to you or seeking medical care for you. This release applies whether the event causing injury or damage occurs on CMBG's premises or elsewhere. You and your parent/legal guardian agree your participation in the program is at your own risk.

By signing this release you also acknowledge that you have read this release and fully understand its contents, and that you have signed it voluntarily and with full knowledge of its significance.

Name of participant: _____

_____ _____

Signature of Parent/Legal Guardian Date

I also authorize and give my permission for photographs of the participant to be used by Coastal Maine Botanical Gardens to communicate with others about activities here.

_____ _____

Signature of Parent/Legal Guardian Date

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

OR send to: ehuber@mainegardens.org