



**Youth Education Stewards  
Leadership Program Application**



**YOUTH INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ 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 online for more details on these programs.)

- Garden Helper** – Learn how to care for the Learning Garden.
- Fairy Fridays** – Assist with fairy-themed activities every Friday in July and August.
- Nature/Garden Camp Assistant** – Volunteer for a session of camp this summer and assist the Camp Coordinator with activities. *All sessions are 9:30 a.m.-1:30 p.m.*

Which camp session(s) are you interested in volunteering for?:

- July 13-17, Nature Explorers Camp (ages 4-6)
- July 20-24, Nature Explorers Camp (ages 5-9)
- July 27-31, Garden Investigators Camp (ages 4-6)
- August 3-7, Garden Investigators Camp (ages 5-9)
- August 10-14, Garden Explorers Camp (ages 4-7)
  
- Y.E.S. Mentor** – Volunteer with a new Y.E.S. participant to help them become more familiar with Y.E.S. responsibilities. This program is for returning stewards.
- Discovery Cart** – Assist with our Wetlands Discovery Cart and Discovery Bags. *Shifts for the Discovery Cart are from 10 a.m.-noon or noon-2 p.m, either weekly or bi-weekly.*

**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:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 9:30 a.m.- noon	<input type="checkbox"/> 9:30 a.m.- noon	<input type="checkbox"/> 9:30 a.m.- noon	<input type="checkbox"/> 9:30 a.m.- noon	<input type="checkbox"/> 9:30 a.m.- noon	<input type="checkbox"/> 9:30 a.m.- noon	<input type="checkbox"/> 9:30 a.m.- noon
<input type="checkbox"/> noon-3 p.m.	<input type="checkbox"/> noon-3 p.m.	<input type="checkbox"/> noon-3 p.m.	<input type="checkbox"/> noon-3 p.m.	<input type="checkbox"/> noon-3 p.m.	<input type="checkbox"/> noon-3 p.m.	<input type="checkbox"/> noon-3 p.m.
<input type="checkbox"/> 3-5 p.m.	<input type="checkbox"/> 3-5 p.m.	<input type="checkbox"/> 3-5 p.m.	<input type="checkbox"/> 3-5 p.m.	<input type="checkbox"/> 3-5 p.m.	<input type="checkbox"/> 3-5 p.m.	<input type="checkbox"/> 3-5 p.m.

**How many days/week are you interested in volunteering?** \_\_\_\_\_

**Please list any 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](mailto:ehuber@mainegardens.org)**