



a program of the
Windham Regional Community Council, Inc.
872 Main Street • Willimantic, CT 06226
(860) 423-4534 x312 phone • (860) 423-2601 fax
www.growwindham.org



The **Windham Youth CORE** is a diverse team of dedicated youth from area high schools who earn money while working to promote access to healthy food in the community. The Windham Youth CORE has both summer and academic year programs. Join us to:

- ***Create hands-on projects that have a real impact on the community;***
- ***Develop leadership workforce, and problem-solving skills that are tools for a successful future.***

What we do: Membership involves a combination of paid workdays, volunteer projects, and community workshops. We work alongside university students and community members to: build and maintain community gardens, grow food to donate to local agencies and sell at the Willimantic Farmers' Market, teach younger children about growing food and eating well, and participate in community outreach and events.

- **The Academic Year Program** runs from September through June. There are two enrollment periods: September and January. The program meets every other Saturday. Members can earn up to \$500 for the year.
- **The Summer Program** runs for six weeks in July-August. Members work 16-20 hours per week and earn \$9.60/hour.

How to apply to the Academic Year Program:

1. Complete the four application questions on the back of this sheet and the enrollment packet and return them to GROW Windham by October 15, 2016. To submit it you can:
 - Give it to your school guidance counselor
 - Email it to info@growwindham.org
 - Or mail it/drop it off at our office: GROW Windham/WRCC
872 Main Street, Willimantic, CT 06226
2. Participate in an interview during the week of October 17, 2016.

For more information contact us at: info@growwindham.org
(860) 423-4534 x312

WE LOOK FORWARD TO WORKING WITH YOU!



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APPLICATION QUESTIONS

Please complete this application and return to GROW Windham by October 15, 2016 via email info@growwindham.org or drop off/mail them to us at: 872 Main St, Willimantic, CT 06226

You may also give them to your guidance counselor at school.

Full Name: _____

Nickname / Name you like to be called: _____

Home Address: _____

_____ Home/Guardian Telephone: _____

Your Phone: _____ Your email: _____

Gender? _____ Date of Birth: _____

Current Age: _____ School: _____ Grade: _____

These questions will help us to get to know you, and also to give us information so we can plan the program so that it reflects your interests. Please be sure that your responses are thoughtful and complete.

The questions should be answered on a separate sheet of paper and attached to this application.

1. As a member of the Windham Youth Core (WYC) you will work in community gardens, prepare and cook food, sell produce at the Willimantic Farmers' Market, work with children, and attend community events. Which of these areas most interests you and why?
2. Think of someone who is a leader in the community. Describe at least three traits or characteristics this person has that allows them to be successful as a community leader. Be specific.
3. What does it mean to you to be connected to, or "engaged", in your community? How would like to be more engaged?
4. Through this program you will develop skills such as public speaking, project planning, leadership, and workforce readiness. Which of these will be the most challenging for you, and why? Which are you most excited to develop, and why?



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**WINDHAM YOUTH CORE
 Enrollment Form**

Student Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ / _____ / _____ Grade: _____ Gender: M F
 (month) (day) (year)

Parent / guardian name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

In an emergency, please call:

Name: _____ Phone (____) _____

Relationship: _____

Name: _____ Phone (____) _____

Relationship: _____

Participant Health Information:

Name: _____ Phone (____) _____

Medical Insurance Company: _____

Identification Number: _____

Please list any allergies that the student may have: _____

Please list any medications the student is taking: _____

Does the student have any physical limitations that would interfere with their participation? _____

I give permission for _____ to participate in the Windham Youth CORE Program. In doing so I agree to the following:

1. In case of medical emergency, I grant the staff/chaperones the right to authorize medical care, if the parent/guardian cannot be reached.
2. Windham Youth CORE/Windham Regional Community Council and its collaborating work sites are not responsible for injury to my child or damage or loss of property personally owned by my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____



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WINDHAM YOUTH CORE Participant Agreement

I _____, understand the basic standards for participation in the GROW Windham/WRCC Windham Youth CORE Program and agree to:

- Participate fully in the program
- Be responsible for my own personal integrity and maintain high standards for the group. Specifically, I will:
 - ✓ Abide by the “Group Norms” that we establish together at all times, when in the group and the community;
 - ✓ Be punctual;
 - ✓ Be prepared;
 - ✓ Respect myself, others and the community;
 - ✓ Be safe;
 - ✓ Tell the truth;
 - ✓ Support and respect program mentors, leaders and partners;
 - ✓ Refrain from illegal behavior, including fighting, stealing, sexual harassment, or possession of alcohol, drugs, cigarettes, fireworks, or weapons;
 - ✓ Refrain from profanity and crude or suggestive language, manners or clothing;
 - ✓ Dress modestly and appropriately for Workshop activities.

I understand that the Windham Youth CORE is employment, and therefore I must meet the above standards in order to receive a stipend. I understand that if I violate the standards during a Windham Youth CORE activity or workshop, as determined by Windham Youth CORE staff and chaperones, I will be asked to leave and will not receive the stipend for the activity. I also understand that in cases of repeated or extreme violation of the program standards, I will no longer be permitted to participate in the program.

Participant Signature: _____ Date: _____

Participant Printed Name: _____



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WINDHAM YOUTH CORE Parent/Guardian Agreement

Parents/Guardians: **Please initial** in the space provided before each statement below.

___ I support my son/daughter to meet the program standards as outlined in this enrollment packet. I am responsible for the behavior of my son/daughter while he/she is in the program.

___ I understand that if my son/daughter does not meet program standards he/she will be dismissed, not receive a stipend for the activity or workday, and I will be responsible for arranging the transportation required to pick up my son/daughter.

___ I understand that my child may participate in data collection for program evaluation and fundraising.

___ I understand that my child may walk, bike, or be driven to multiple worksites during a Windham Youth CORE workday.

___ I give permission for my child to ride a bike from one work site to another in Windham.

___ My child knows how to ride a bike safely.

Participation in Windham Youth CORE involves a wide range of physical activity, including but not limited to gardening, light construction projects, cooking, walking and biking from work sites, and working at different sites in Willimantic (for example, the Covenant Soup Kitchen, Windham Area Interfaith Ministry, and the NoFreeze Shelter). Windham Youth CORE staff are committed to teaching participants safe work habits. However, the activities of Windham Youth CORE carry with them a risk of injury.

___ I recognize the risks inherent in Windham Youth CORE activities, and authorize my child to participate.

___ I have discussed with my child the importance of following safety procedures as outlined by Windham Youth CORE staff.

___ I release from liability and hold harmless GROW Windham/ the Windham Regional Community Council, Inc. and its collaborating work sites for any injury to my child or damage to his/her property incurred during program time or through related program activities. I waive any and all claims for injury or damage which my child may incur while participating in this program. I assume the risk for any and all injuries or damage which may incur while participating in this program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____



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Parental Permission Slip For Riding in Vehicles Driven by GROW Windham Staff

I, _____, recognize that there are times when my daughter/son _____ (name) will be transported in a Windham Youth CORE staff person’s personal vehicle, or in a vehicle driven by a Windham Youth CORE staff person, on occasion throughout their time of employment with Windham Youth CORE. I grant permission for this type of transportation to happen while my daughter/son is at work or participating in other Windham Youth CORE events. This mode of transportation, although infrequent, is often necessary to ensure the safe transport of my child to and from work and between sites.

I agree to hold harmless, Windham Youth CORE and the Windham Regional Community Council, Inc., and its agents, from any accidents or incidents that may occur during this time.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Windham Regional Community Council, Inc (WRCC)/GROW Windham

**CONSENT TO USE OF IDENTIFYING INFORMATION IN
 AGENCY PROMOTIONAL MATERIALS**

I, _____, parent/guardian of _____ (name of participant), give my permission for

WRCC/GROW Windham to use the following information:

name (for children, first name only), town of residence, photograph, videotape, audiotape, quotes, any activity or event under the auspices of WRCC/GROW Windham in which I (or my child, if applicable) may participate.

That information shall be used by the organization identified above solely for the following purposes: Publicizing the activities of WRCC/GROW Windham in the print (newspapers, newsletters, magazines, etc...) and electronic media (radio, TV, website), research, evaluation of programming, and fundraising.

I understand that no personal history information regarding or identifying me (or my child) will be used by the agency indicated above. The permission granted by the consent form applies solely to the identifying information herein described and may not be used for any other purpose not provided herein. In giving this consent, I release WRCC/GROW Windham, their nominees and designees from any obligation or liability otherwise owed to me in connection with personal or proprietary right I may have as a result of the sale, reproduction, or use of the above referenced identifying information. This consent may be terminated at any time by me, but in the event that I do not exercise my right to terminate this consent, it shall automatically expire upon termination of my current participation under auspices of WRCC/GROW Windham.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____