

The Permaculture Project

Application

Do you have an opinion about how your community makes decisions impacting you, your friends, and family?

Do you want to be involved with representing youth in your community to make a change?

Join the Youth Cohort for the Permaculture Project!

Youth Leadership Institute
www.yli.org

Please refer questions to:

Yvette Flores, Program Coordinator,
Youth Leadership Institute

Phone: (559) 274-8165

Email/ Scan application to: yflores@yli.org

Or

Drop off at:
Bitwise South Stadium
700 Van Ness Ave, Fresno, CA 93721
Label Envelope - ATTN: YLI

Who We Are and What We Do:

The purpose of the Youth Cohort of the Permaculture Project is to bring young people to the decision-making table on the issues of food inequity in the 93706 zip code of Fresno. The Youth Cohort will serve as a space where young people can work to create positive change in our community. Young people will have a voice in shaping and developing social, economic, recreational, and educational programs that the Permaculture project hopes to establish.

Frequently Asked Questions:

What is the Permaculture Project?

The Yosemite Village Permaculture Community Garden and Urban Farm Incubator Project is being implemented by Fresno Metro Ministry. The goal of the project is to develop a working urban agricultural model for community members and small scale farmers in the 93706 area code of Fresno. The hope is to create a community-based food system by increasing neighborhood-based production, access to fresh fruits and vegetables, and supporting entrepreneurial food-based economy.

What is the Youth Cohort?

The Youth Cohort is the youth component of Fresno Metro Ministry's Yosemite Village Permaculture Community Garden and Urban Farm Incubator Project. Fresno Metro and the Youth Leadership Institute (YLI) have partnered together to create a youth component for the project that is both environmental education and leadership enriching for youth.

What will participants do in the Youth Cohort?

Youth will be tasked with envisioning, researching and implementing what a working urban agricultural model looks like in their community. Youth participants will not only get to learn and participate in Permaculture and No-Till farming but also gain important leadership skills such as: organizing events, time management, public speaking, networking, community research, and assessment, etc. Participants will also receive community service hours, opportunities to apply for leadership scholarships through the Youth Leadership Institute, and a stipend for their work.

What is the time commitment for the Youth Cohort?

The Youth Cohort requires youth participants to devote their time and abilities. The Cohort has a minimum time requirement of 10 hours per month. The Youth Cohort will hold regular meetings twice per month. In addition, youth participants must attend all trainings and may be asked to attend community meetings in support of community issues.

Who can participant?

There is no knowledge or skill requirements to participate in the Youth Cohort. All youth are welcome to apply. We are looking for youth who are passionate about environmental issues and community issues. The only requirement is that participants must be between the ages of 12-24 and able to attend all meetings and training days.

PARTICIPANT INFORMATION	
Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email	
OPTIONAL DEMOGRAPHIC INFORMATION (for general demographic reporting)	
Birthdate (mm/dd/yyyy)	
Grade (if relevant)	
Gender Identity	Male / Female / Transgender / Genderqueer/ Gender fluid/ _____
Sexual Orientation	
Gender Pronouns (i.e. she/her/hers, they/them/their, he/him/his)	
Ethnicity or Cultural Background	
Language Preference	
What language or languages do you speak at home? (Please specify)	
Do you qualify for free or reduced lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

CONTACT PREFERENCE	
What's the best way to communicate with you outside of a youth meeting?	<input type="checkbox"/> Text message <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Other _____

Tell us more about yourself!	
Do you feel that you can influence change in your community?	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Have you ever spoken publicly about an issue that you care about? * (This could be at any public event, a city council hearing, chapter meeting, board of supervisors meeting, town hall, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Are you interested in attending college?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Would you be the first one in your family to attend college?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Describe your future/desired career path or areas of interest.	
Why are you passionate about the Permaculture project?	

TOPIC ISSUES and SKILLS																							
<p>What other issues in your community that you care about? (Circle all that apply)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Food Justice Transportation Access to Healthy Food Violence and Guns Gentrification Jobs and Employment LGBTQ Issues Racism Immigration Other _____ </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> Poverty Pollution/Environment Drugs Sexual Health Education Access to Health Care Underage Drinking Tobacco Access Juvenile Justice Issues Issues at School </td> </tr> </table>	<ul style="list-style-type: none"> Food Justice Transportation Access to Healthy Food Violence and Guns Gentrification Jobs and Employment LGBTQ Issues Racism Immigration Other _____ 	<ul style="list-style-type: none"> Poverty Pollution/Environment Drugs Sexual Health Education Access to Health Care Underage Drinking Tobacco Access Juvenile Justice Issues Issues at School 																				
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<p>What are skills you want to share with the team? What are the skills you want to develop?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Want to share:</th> <th style="width: 50%; text-align: left;">Want to develop:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Want to share:	Want to develop:																				
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PARENT(S)/GUARDIAN(S) (Required information if participant is under 18.)	
Name / Relationship	
Street Address	
City, ST ZIP	
Home Phone / Cell Phone	
Email	
Contact Preference (please check all that apply)	<input type="checkbox"/> Text message <input type="checkbox"/> Phone Call <input type="checkbox"/> Email
Name / Relationship	
Street Address	
City, ST ZIP	
Home Phone / Cell Phone	
Email	
Contact Preference (please check all that apply)	<input type="checkbox"/> Text message <input type="checkbox"/> Phone Call <input type="checkbox"/> Email

In case I cannot be reached, please contact:

EMERGENCY CONTACTS AND INFORMATION (This information will only be used in the event of an emergency.)	
Name / relationship	
Emergency phone number	
Name / relationship	
Emergency phone number	
Healthcare provider name (if applicable)	
Healthcare provider phone (if applicable)	
Special medical conditions/ allergies/ medications	
Is there something else we should know about your child and/or family that will help us best serve them and keep them safe?	

Liability, Media & Medical Release Form (Parent/guardian signature, or self signature if over 18)

I HEREBY GIVE APPROVAL FOR _____ (YOUTH NAME) TO PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH YOUTH LEADERSHIP INSTITUTE (YLI). I ASSUME ALL RISKS AND HAZARDS RELATED TO PARTICIPATION IN THE PROGRAM, INCLUDING TRANSPORTATION TO MEETINGS, OVERNIGHT RETREATS, MULTI-DAY CONFERENCES/CAMP AND OTHER YLI HOSTED EVENTS.

IN CONSIDERATION OF YOU ACCEPTING MY OR MY CHILD'S APPLICATION, I, THE UNDERSIGNED, HEREBY AGREE THAT NEITHER I, MY SUCCESSORS, ASSIGNS, NOR ANYONE ACTING ON MY BEHALF WILL MAKE CLAIM AGAINST OR SUE THE YOUTH LEADERSHIP INSTITUTE (YLI), ITS OFFICERS, AGENTS, EMPLOYEES, OR VOLUNTEERS FOR INJURY OR DAMAGE RESULTING FROM THE CONDITION OF ANY FACILITY, OR THE NEGLIGENCE, CARELESSNESS, OR OTHER ACTS, HOWSOEVER CAUSED BY YLI, ITS OFFICERS, AGENTS, EMPLOYEES, OR VOLUNTEERS FROM ALL CLAIMS OR LAWSUITS THAT I, MY SUCCESSORS, ASSIGNS, OR ANYONE ACTING ON MY BEHALF MAY NOW HAVE, OR MAY HEREAFTER AT ANY TIME HAVE FOR INJURY OR DAMAGE: (1) RESULTING FROM THE CONDITION OF ANY IMPROVED FACILITY WHICH HAS BEEN REASONABLY MAINTAINED; (2) RESULTING FROM THE CONDITION OF ANY UNIMPROVED FACILITY; (3) SUFFERED BY ME WHILE PARTICIPATING IN OR TRAVELING TO AND FROM THE EVENTS OR ACTIVITIES SET FORTH ABOVE; OR (4) SUFFERED BY ME IN ANY OTHER ACTIVITY ASSOCIATED WITH THE EVENT OR ACTIVITY AFOREMENTIONED. THIS RELEASE DOES NOT APPLY TO INTENTIONAL AND/OR WILLFUL ACTS OF MISCONDUCT BY YLI OR ANY OF ITS OFFICERS, AGENTS, EMPLOYEES OR VOLUNTEERS.

I UNDERSTAND THAT THIS AGREEMENT AND RELEASE OF LIABILITY IS ENFORCEABLE AGAINST ME ONLY, AS PARENT OR GUARDIAN OF SUCH MINOR, AND THAT SAID AGREEMENT AND RELEASE OF LIABILITY MAY NOT BE ENFORCED AS AGAINST SUCH MINOR. THEREFORE, IN FURTHER CONSIDERATION FOR PERMITTING SUCH MINOR TO PARTICIPATE IN THE AFOREMENTIONED ACTIVITIES, I AGREE TO DEFEND YLI ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS AGAINST ANY CLAIM OR LAWSUIT FOR INJURY, LOSS, OR DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH SUCH MINOR'S PARTICIPATION IN THE EVENT INCLUDING ANY INJURY, LOSS, OR DAMAGE RESULTING FROM , THE CONDITION OF ANY FACILITY OR FROM THE NEGLIGENCE, CARELESSNESS, OR OTHER ACTS OF YLI ITS OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS FROM ANY LOSS, DAMAGE, LIABILITY, COST OR EXPENSE THEY SUFFER AS A RESULT OF ANY SUCH CLAIM OR LAWSUIT.

IN THE EVENT, MY SON OR DAUGHTER, A MINOR, BECOMES ILL OR SUSTAINS AN INJURY WHILE IN THE CARE OR UNDER THE SUPERVISION OF THE YOUTH LEADERSHIP INSTITUTE STAFF, I GIVE MY PERMISSION TO ADMINISTER FIRST AID TO MY CHILD. IF I, (THE PARENT, THE LEGAL GUARDIAN), CANNOT BE CONTACTED IMMEDIATELY IN THE EVENT OF AN EMERGENCY, I AUTHORIZE YOUTH LEADERSHIP INSTITUTE STAFF TO CONSENT TO EMERGENCY HOSPITAL CARE FOR MY CHILD. SHOULD ANY ILLNESS OR ACCIDENT OCCUR TO HIM OR HER, I WILL NOT HOLD LIABLE THE REPRESENTATIVES OF YOUTH LEADERSHIP INSTITUTE OR ANY OF ITS STAFF OR PROGRAM INSTRUCTORS. I ASSUME FULL RESPONSIBILITY FOR ALL RELATED MEDICAL COSTS

I UNDERSTAND THAT YLI MAY PHOTOGRAPH OR VIDEOTAPE ME AND/OR MY MINOR CHILDREN AND THAT YLI MAY USE SUCH PHOTOGRAPHS OR VIDEOTAPES TO PROMOTE PROGRAMS. I EXPRESSLY ALLOW, AND HEREBY WAIVE ANY OBJECTION TO THE PHOTOGRAPHING AND/OR VIDEOTAPING OF ME AND/OR MY MINOR CHILDREN WHEN I AND/OR MINOR CHILDREN ARE PARTICIPATING IN A YLI PROGRAM. I UNDERSTAND ALL PHOTOS AND VIDEOTAPES WILL REMAIN IN THE PROPERTY OF YLI.

I ALSO GIVE THE YOUTH LEADERSHIP INSTITUTE STAFF THE RIGHT TO COPYRIGHT AND/OR PUBLISH, REPRODUCE, OR OTHERWISE USE MY CHILD'S NAME, VOICE, AND LIKENESS AND/OR WRITTEN MATERIAL, PHOTOGRAPHS, AND AUDIOVISUAL RECORDINGS ABOUT OR BY MY CHILD FOR INSTRUCTION, ART ADVERTISING, PROGRAM WEBSITE, PUBLICATIONS OR BROCHURES, OR ANY OTHER LAWFUL PURPOSE. I HEREBY AGREE TO RELINQUISH ALL RIGHTS, TITLE AND INTEREST I MAY HAVE IN THE FINISHED PRODUCT AND WAIVE ALL RIGHTS TO ANY COMPENSATION THEREOF.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND INDEMNITY, AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN YLI AND ME, AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____

Date: _____

Thank you for providing the following information to help the Youth Leadership Institute provide a safe, positive, and effective experience for all YLI participants.

PROGRAM PARTICIPANTS RIGHTS

1. Every core program participant has the right to privacy and confidentiality as protected in accordance with Title 42 Code of Federal Regulations (CFR). The only exceptions being the documentation of disclosures of child sexual or physical abuse, or intent to cause danger to self or others as mandated by the state.
2. Every core program participant has the right to participate in programs or services without being subject to discrimination on any basis, provided they meet with the reasonable qualifications of the program or sponsoring organizations. This includes the right to be free of discrimination on the basis of age, gender, sexual orientation, religion, creed, mental or physical disability, race, ethnicity or color, national origin, cultural background ancestry, veteran status, marital status, gender identity, domestic partner status, AIDS/HIV status, or relapse history.
3. Every core program participant has the right to considerate and respectful services, including the right to not be penalized for the beliefs they hold provided they do not violate the rights of others.
4. Every core program participant has the right to a safe, healthful and comfortable environment free from alcohol or drugs or harassment.
5. Every core program participant has the right to complete and accurate information regarding his/her/their participation in YLI programs including information regarding fees, program requirements and multi-agency involvement in service delivery.
6. Every core program participant has the right to access his/her/their own file. A written request must be submitted to the HR Manager. An appointment will be made for an accompanied review.

By signing you confirm that all participant's rights have been reviewed.

Signature of the Participant

Date

Signature of the Adult Ally

Date