

Fairbanks Youth for Habitat

Are you looking for a FUN summer job?

Are you between the ages of 13* and 14? *You must be 13 by May 21, 2018

Would you like to learn more about careers in fisheries and habitat restoration?

Would you like to make Fairbanks a better place for wildlife and people?

Then this job is for you!

Activities may include:

Stream bank restoration

Soil testing

Water Quality testing

Fish dissections

Fish collecting

Invasive plant removal

Native planting

Local agriculture/farming

To be selected, you must be interested in science and natural resources, be willing to get dirty, deal with bugs and weather, and work hard outdoors. Not all applicants will be selected to participate. You will be asked to interview. Selected students will be expected to return for an Advanced Session* in summer 2019 (* placement in advanced session dependent upon successful completion of 2018 beginning program).

Program dates:

Session 1: June 4-June 15

Session 2: June 18-June 29

Session 3: July 23-August 3

Monday- Friday, 9:00am – 4:00pm

Your reward for participating: You'll receive a \$270 stipend for successfully completing the program. You'll also have lots of fun and gain a better understanding and greater appreciation of the natural resources in your local area. If this sounds like a job for you, fax, e mail or mail your application to:

James Barry

Fairbanks Soil and Water Conservation District

590 University Ave, Ste 2

Fairbanks, AK 99709

jbarry.fswcd@gmail.com

Fax: 907-374-4922

**Applications and completed permission forms* must be received by
April 13, 2018**

(*Permission forms: Emergency Contact form, Student/Parent Contract, and Volunteer Services Agreement)

Application due date: April 13, 2018

Please fill out the following application and permission forms. Incomplete applications will not be accepted. *(Please note: Not all students who apply will be selected for participation in this program. Students will be interviewed, this program is a job, best candidates will be asked to participate)*

Student Name: _____

Student Mailing Address: _____

Student Email: _____

Birth Date: _____ **Current Grade (2017-18 school year):** _____

School: _____

Parent /Guardian Name: _____ **Relationship to student:** _____

Parent /Guardian Email: _____ **Phone:** _____

Parent/Guardian Name: _____ **Relationship to student:** _____

Parent /Guardian Email: _____ **Phone:** _____

Best Phone Number to deliver FYH information: _____

Will student be able to attend all ten days of his/her selected session? _____

Will he/she available to participate in Advanced Sessions in summer 2019? _____

Please circle your preferred session dates*:

Session 1: June 4-June 15

Session 2: June 18-June 29

Session 3: July 23-August 3

*Session dates are not guaranteed, but we will do our best to ensure that selected candidates are able to participate.

Please provide 2 references. One must be a teacher or counselor. We may also call parents/guardians for further information.

1. Name: _____ **Relationship to student:** _____

Phone: _____ **Email:** _____

2. Name: _____ **Relationship to student:** _____

Phone: _____ **Email:** _____

Fax, email, mail or deliver applications and forms to:

James Barry

Fairbanks Soil and Water Conservation District

590 University Ave, Ste 2

Fairbanks, AK 99709

jbarry.fswcd@gmail.com

Fax: 907-374-4922

Phone: 907-479-1213 x107

YOUTH SERVICE AGREEMENT AND PARENTAL CONSENT

Agency: Fairbanks Soil and Water Conservation District

Project Title: Fairbanks Youth for Habitat

Youth Name (First, Last)

Street Address:	City, State, Zip
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Email	Phone:	Age <input type="checkbox"/> Under 15 <input type="checkbox"/> 15-18
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Parent or legal guardian name (first, last)

Street Address (if different than minor):	City, State, Zip
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Email	Home Phone: Mobile: Work:
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I understand that the youth above is NOT considered and employee of the Fairbanks Soil and Water Conservation District. The above youth will not receive any compensation beyond the agreed upon stipend of \$270 for a two week program. Youth dismissed from the program for ANY reason forfeits his or her stipend. Youth receive no employee benefits for participation in the Youth for Habitat Program. Program participants may be dismissed by Fairbanks Soil and Water Conservation District staff at any time. Participants who choose not to participate in the program at any time forfeit their full stipend.

I understand that all publications, films, videos, artistic or similar endeavors resulting from the above youth's service will become property of the Fairbanks Soil and Water Conservation District and can be used for publications, displays, newspapers, television, magazines, videos, presentations concerning the program, and on its World Wide Web without further consideration or compensation and not subject to copyright laws.

All materials provided will be returned to the Fairbanks Soil and Water Conservation District upon the project's completion. Any purposeful or neglectful damage caused by a program participant to any equipment or property of the Fairbanks Soil and Water Conservation District or program partners will be replaced or repaired at the cost of the participant or his or her guardians. Any personal materials lost or damaged while participating in program activities will not be repaired or replaced by the Fairbanks Soil and Water Conservation District.

I understand the health and physical condition requirements for the position and certify that statements I have checked below are true:

- I know of no medical condition or physical limitation that may adversely affect the above mentioned youth's ability to perform the tasks required by this program or affect the ability of his or her group.
- I have filled out the emergency information form and provided the Youth for Habitat program with any medical information that may be necessary for the above youth's safe participation in the program activities.

I do hereby verify that I am the parent or legal guardian of the above youth and consent to his or her participation in the Fairbanks Youth for Habitat Program.

Parent/Guardian Signature	Date
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Emergency Contact Information	
Name (first, last)	
Street Address	City, State, Zip
Email	Home Phone: Mobile: Work:
Agency Contact Name: James Barry	Agency Contact Email& Phone: jbarry.fswcd@gmail.com 907-479-1213 x107
Youth will participate in a program session that will take place between May 21st and August 3 rd , 2017. Hours will be Monday-Friday, 9am-4pm for a two week session. Activities will include aquatic habitat restoration, removing invasive plants, fisheries and wildlife research, green infrastructure projects, and other conservation projects.	
The agency agrees to provide materials, equipment, and facilities that are available and needed to perform program activities.	
Agency Representative signature	Date

STUDENT / PARENT CONTRACT

Acceptance to this program is a privilege which requires students and parents/guardians to assume certain responsibilities.

STUDENT: I, _____, as part of the program accept the conditions stipulated below.

1. I will participate and be on time to all sessions and activities unless excused by a staff member.
2. I will be respectful and courteous to everyone at all times.
3. I will not use drugs, alcohol, or tobacco products and I understand that being caught in possession of, or under the influence of any of these substances will result in being dismissed from the program and forfeiting my stipend.
4. I understand that I will be held responsible for any intentional damage I cause to program equipment or facilities.
5. I will follow the directions of the crew leader and project partners at all times, and understand that my refusal to follow direction may lead to dismissal from the program and forfeiture of my stipend.
6. I will adhere to these and all other rules of the program.

Signature of Student _____ Date _____

PARENT/GUARDIAN: (Print) _____

I have read, understand, and agree with the above terms. I understand that by signing this form, I give permission for my child to participate in all program activities and events. Furthermore:

1. I agree to indemnify and hold harmless the Fairbanks Soil and Water Conservation District, project cooperators, and program staff, from any costs or liabilities which they may incur as a result of my child's participation in this program.
2. I waive any liabilities that the Fairbanks Soil and Water Conservation District, project cooperators, and program staff, may have to me or my child as a result of any injury to my child because of my child's participation in this program.
3. I give permission for any chaperone or staff member to render basic first aid if necessary.
4. I give my consent and permission for hospital staff to treat my minor child in the case of an emergency.
5. I understand that the students will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.
6. I understand that my child may be dismissed from the program at any time for failure to follow rules, poor attendance, or other issues at the discretion of the program's staff. Dismissal from the program includes forfeiture of the stipend.
7. I understand that no drugs, alcohol, or tobacco products are permitted and that if the child in my care is caught in possession of, or under the influence of any of these substances he/she will be dismissed from the program and forfeit their stipend
8. **I understand that as part of my child's application, the HEALTH AND EMERGENCY INFORMATION FORM is required to be completed.**

Parent/Guardian Signature _____ Date _____

Photo and Video Release

I hereby grant permission to the Fairbanks Soil and Water Conservation District and other cooperators to photograph my child in connection with the program and to use my child's photographic or videographic likeness in official publications and displays, newspapers, television, magazines, videos, presentations concerning the program, and on its World Wide Web without further consideration or compensation.

I also understand the photo can be downloaded by a computer user.

Therefore, I agree to indemnify and hold harmless from any claims the following:

- Fairbanks Soil and Water Conservation District.

Parent/Guardian Signature: _____ Date: _____

**2018 Fairbanks Youth for Habitat
Student Emergency Information**

Student Name _____

Address _____

Parent/Guardian Name _____

Home phone _____ Work phone _____ Cell Phone _____

Person to be contacted if a parent or guardian cannot be reached:

Name _____ Relationship to Student _____

Home phone _____ Work phone _____ Cell Phone _____

Address _____

Physician Name: _____ Phone: _____

Allergic Reaction to: Penicillin _____ Bee Stings _____

Other drugs _____

Food _____

Does your child require any special (emergency) medication? (Name and explain)

If your child has any special physical or social problems that require special considerations that are not covered on this form, please explain:

****Over the counter medications such as pain relief, stomach relief, and cold medicine cannot be given out by the instructors. If you feel your child may need such items, please provide them.**

Parent / guardian signature

date