**Dallas Youth Garden Intern Enrollment Form Polk County Family and Community Outreach**

PO Box 554 Dallas Oregon 97338 192 SW Academy Suite 220 Dallas OR 97338

**INTERN ENROLLMENT FORM**

**(Please Print)**

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (Street/Mailing Address/City/Zip):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OK To Text (y/n): \_\_\_ Intern Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade as of 5/1/2022:\_\_\_\_\_\_\_ Age as of 5/1/2022:\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender ❏ Male ❏ Female

Parent1/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent2/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information** (to be completed by parent/guardian)

|  |  |  |
| --- | --- | --- |
| Does the participant have any dietary restrictions? If yes, please describe: | Yes  | No |
| Does the participant have any allergies? If yes, please describe: | Yes | No |
| Name of all medications: |
| Name and phone number of physician: |

All work has a degree of risk. Except with respect to injury or damage negligently inflicted by employees of Polk County, the person named above and their parent/guardian does hereby forever release, discharge and acquit Polk County and its officers, agents and employees from any and all claims for death, personal injury or damage to property of any nature which may arise from or in connection with his or her participation in this program. I understand that my child is an independent contractor with the responsibility to independently perform my obligations at the Youth Garden. They will be provided the basic tools to perform this task and may seek direction from the volunteer or other person(s) in charge of the program as they see fit.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the Dallas Youth Garden or Attending volunteer to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of Dallas Youth Garden or Attending volunteer to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or legal guardian of the person named above, hereby certify

that I have carefully read the understandings and stipulations above. I hereby personally, and on behalf of the person

named above, accept and assent to his or her participation with the understandings and stipulations set out above,

including the consent to medical assistance and release from liability set forth therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian or Adult participant Date

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**Code Of Conduct**

1. Complete garden tasks and deliverables as identified in the intern application.
2. Engage fully with a positive attitude and creative energy.
3. Be courteous to others, even if they’re different from me.
4. Be cooperative. Encourage individuals.
5. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
6. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
7. Be responsible for garden equipment and appropriate use.
8. Wear appropriate clothing (follow the Dallas High School Dress Code).
9. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
10. Use technology (cell phones, computers, tablets, mp3 players, game devices, etc.) during free time, or in ways that contribute to the goals of the program.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Follow federal, state and local laws that apply to my age (e.g., tobacco, alcohol, illicit drugs, fireworks).
13. Follow operational rules/guidelines established by the Dallas High School or Polk County Public Health Department to reduce the risk of COVID-19 or other infectious disease.

*I have read and agree to the Code of Conduct above. I understand that if I violate any part of this agreement, I may be sent home from the garden at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future Dallas Youth Garden events, and/or, lose my intern privileges*.

Intern Signature/Date

Adult Parent/guardian Signature/Date