

# PRODUCE PROJECT APPLICATION

## TO APPLY YOU MUST:

- ✓ Be in 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade beginning September 2009
  - ✓ Be able to attend the entire Fall Semester Program
  - ✓ Complete all pages and answer all questions on the application
  - ✓ Attend an informational and interview session
1. Give the PRODUCE PROJECT REFERENCE to an adult who knows you well but is not in your family (ex: a teacher). Make sure they know when it is due. (see below)
  2. Read the INTERVIEW INFORMATION page. Keep it at home; don't lose it.
  3. Complete **ONE** section below.

## Reference and Application Due by September 23<sup>rd</sup>

Which interview session would like to attend? Write '1' next to your first choice and a '2' next to your second choice.

September 28<sup>th</sup>  4pm  6pm

September 29<sup>th</sup>  4pm  6pm

## MAIL COMPLETED APPLICATION TO:

**Attention: PP  
Capital District Community Gardens  
40 River St.  
Troy, NY 12180**

**OR GIVE IT TO MR. CANFIELD IN THE GUIDANCE OFFICE**

**After we receive your application, we will call you confirming the date, time and location of your interview. See you there!**

**APPLICANT INFORMATION:**

Full Name: \_\_\_\_\_  
                    First                                      Middle initial                                      Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Telephone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Age: \_\_\_\_\_ Sex:  FEMALE  MALE

**SCHOOL INFORMATION:**

Current Grade Level:  10  11  12

How did you learn about the Produce Project? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

This person is my:  Legal Guardian  Mother  Father  Relative  
\_\_\_\_\_

Other Parent/Guardian Name: \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

This person is my:  Case Worker  Mother  Father  Relative: \_\_\_\_\_  
\_\_\_\_\_

Additional Adult Contact: \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

This person is my:  Case worker  Relative: \_\_\_\_\_  Other: \_\_\_\_\_

## **APPLICATION QUESTIONS**

We want to know who you are! Think carefully about your personal answers to these questions. Write as completely as you can, and try to use all of the space provided. You may attach a separate sheet if you need more room.

1. Why do you want to be a member of the Produce Project's school year program?

2. Tell about a time when you helped a friend, family member, or someone in your community. What was the situation and what did you do? How did you feel about it?

3. What do you think will be your biggest challenge working at The Produce Project this year?

4. What would you like to achieve during the school year? How can The Produce Project help you do that? What do you want to get out of this job?

Thank you! If there is anything else you would like us to know, feel free to attach another sheet of paper.

**Questions? Call (518) 274-8685**

**APPLICATION INSTRUCTIONS ARE ON THE FRONT OF THIS PACKET**

