



Mail completed forms to:
Programs at Shelby Farms Park
6489 Mullins Station Road
Memphis, TN 38134
Or email nwilson@shelbyfarmspark.org
Questions? Call 901.222.7267

SHELBY FARMS PARK FARM TO FORK FELLOWSHIP APPLICATION

APPLICANT INFORMATION

Name: _____
Date of birth: _____ Phone: _____
Current address: _____
City: _____ State: _____ ZIP Code: _____
School: _____ Year in School: _____ Email: _____

EMPLOYMENT INFORMATION (IF PREVIOUSLY EMPLOYED)

Employer name: _____
Employer address: _____ How long? _____
Phone: _____ E-mail: _____ Fax: _____
City: _____ State: _____ ZIP Code: _____
Position: _____ Hours per week: _____

EMERGENCY CONTACT

Name of a relative: _____
Address: _____ Phone: _____
City: _____ State: _____ ZIP Code: _____
Relationship: _____

Allergies: _____

PLEASE NAME TWO (2) REFERENCES

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____

SIGNATURES

I authorize the verification of the information provided on this form as to my contact information and employment. I have received a copy of this application. I give permission for the applicant to join the Shelby Farms Park Farm to Fork Fellowship.

Signature of applicant: _____ Date: _____

Signature of parent: _____ Date: _____



The Farm-to-Fork Fellowship at Shelby Farms Park Essay Questions

Please provide short answers for the following questions, typed on a separate sheet of paper.

1. Describe, in detail, experiences and opportunities where you have taken on a leadership role. Then, explain what makes a person a good leader. In what areas are you a good leader, and in what areas do you feel you could improve as a leader?
2. Explain why you are interested in the Farm-to-Fork Fellowship at Shelby Farms Park. Where do you see yourself in five years & what are your goals? How do you think the Farm-to Fork-Fellowship at Shelby Farms Park will help you to become the person you envision in the future?
3. In your opinion, what is the greatest challenge that our community currently faces? What have you done to help overcome this challenge? What role do you see the Farm-to-Fork Fellowship at Shelby Farms Park playing in helping to overcome this challenge?



The Farm-to-Fork Fellowship Contract and Parental Consent Form

The Farm-to-Fork Fellowship at Shelby Farms Park is a year-round program that provides students with the opportunity to learn about food systems, while growing food that will be included in Memphis City Schools Nutrition Program. Work in the garden will be supplemented with curriculum modules and journaling activities that will cross-correlate with existing academic standards.

Program requirements for Farm-to-Fork Fellows:

At least 5 hours per week during the school year and 20 hours per week during the months of June and July (Greenline Gardens maintenance, journaling, field trips, garden improvement projects, etc.).

An overall 2.75 GPA in school and full-time status as a high school Sophomore, Junior, or Senior.

It is imperative that prior to any absence or lateness a staff member is informed.

I, _____, do hereby acknowledge that as a Farm-to-Fork Fellow, I have read this contract and agree to follow the rules, regulations, and requirements set forth by the Farm-to-Fork Fellowship program. I understand that the Farm-to-Fork Fellow at Shelby Farms Park is a volunteer position within the Farm-to-Fork Fellowship program and that at any time I may be discharged of the services which I am providing.

I, _____, do hereby acknowledge that my son/daughter is a participant in the Farm-to-Fork Fellowship at Shelby Farms Park and will, to the best of my ability, foster their growth within the program. I understand that the Farm-to-Fork Fellow at Shelby Farms Park is a volunteer position within the Farm-to-Fork Fellowship program and that at anytime Shelby Farms Park Conservancy may discontinue the services which my son/daughter is providing.

Farm-to-Fork Fellowship at Shelby Farms Park Participant Signature

Parent/Guardian Signature

Date: _____

Date: _____



SHELBY FARMS PARK
CONSERVANCY

Media Rights

I allow the Shelby Farms Park Conservancy to use my name and/or photograph in publications promoting the Shelby Farm Park Conservancy's services. I hereby grant the Shelby Farms Park Conservancy, and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may included, with no restriction, in any media now or hereafter known; to alter the same without restriction, and to copyright the same in the Shelby Farms Park Conservancy name or otherwise. I hereby release photographer and his legal representatives and assigns from all claims and liability relating to said photographs.

Date: _____

Signature: _____

Print Name: _____

Address:

Phone: _____

If under 21 years, parent/guardian signature:



SHELBY FARMS PARK
CONSERVANCY

SHELBY FARMS PARK CONSERVANCY GENERAL WAIVER, RELEASE AND INDEMNITY

I understand that as a user of Shelby Farms Park and/or participant in activities conducted at Shelby Farms Park or sponsored by Shelby Farms Park Conservancy ("SFPC"), I may be exposed to a variety of hazards and risks, foreseen and unforeseen. These inherent risks may result in injuries, damages and/or death, which can occur by natural causes or activities of other persons, animals or third parties, either as a result of negligence or because of other reasons.

In consideration for being allowed to participate in activities at Shelby Farms Park, including, without limitation, riding bicycles, running on and off trails, riding horses, operating equipment or participating in any other activity at or affiliated with Shelby Farms Park whether or not sponsored by SFPC, I hereby agree and understand as follows:

On behalf of myself, my heirs and my personal representatives, I hereby forever release and discharge SFPC, its directors, officers, employees, agents, volunteers and affiliates (the "Released Parties"), from any and all liability arising out of my use of Shelby Farms Park and/or participation in any activities, including, without limitation, any of the activities listed above, conducted at Shelby Farms Park and/or sponsored by or affiliated with SFPC, including, without limitation, liability for any claims or causes of action whatsoever arising out of any damage, loss, or injury (including death), to me or to property owned by or in the custody of me while engaged in such activities.

I further agree to assume the liability for, and to indemnify and defend SFPC from, any and all claims or damages for any sickness, personal injury, death, property damage or any other loss that may arise, either wholly or in part, out of any negligent, intentional or other act or omission by me in connection with any activities conducted at or engaged in by me at Shelby Farms Park and/or sponsored by or affiliated with SFPC, including those claims or damages that may arise out of the joint or concurrent negligence of a third party, the Released Parties, or any of them or which relate to a condition of the property of Shelby Farms Park or adjacent property.

I consent to whatever medical care might be provided or available at Shelby Farms Park and to conform to and comply with all the rules and regulations of Shelby Farms Park and SFPC.

I am further aware of the provisions of Tennessee Code Annotated title 44, chapter 20, that includes the following: UNDER TENNESSEE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO TENNESSEE CODE ANNOTATED, TITLE 44, CHAPTER 20.

This agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this agreement is held to be invalid or legally unenforceable for any reason, the remainder of the agreement shall not be affected thereby and shall remain valid and fully enforceable.

I have read this agreement in its entirety and I freely and voluntarily assume all risk of any and all activities in which I may engage or in which may be conducted at or affiliated with Shelby Farms Park and notwithstanding such risks, I agree to use Shelby Farms Park and participate in activities conducted at or affiliated with Shelby Farm Park.

Signature of Participant _____ Date _____

Printed Name of Participant _____ Phone _____

User Group if applicable

Contact email address

IF PARTICIPANT IS A MINOR (UNDER 18), A PARENT OR LEGAL GUARDIAN MUST SIGN THIS AGREEMENT ON YOUR BEHALF.

Signature of parent/guardian _____ Date _____

Printed Name of parent/guardian _____ Phone _____



SHELBY FARMS PARK
CONSERVANCY

500 North Pine Lake Drive • Memphis, TN 38134 • 901.767.PARK

Health & Emergency Data

Please complete both sides of this form and return with your registration form.
It is your responsibility to let us know of any relevant changes in a timely manner.

Participant's Name _____ Birth date _____
 Parent/Guardian Name(s) _____
 Address _____ City _____
 _____ State/Zip _____
 Home Phone _____ Work Phone _____
 Other Phones _____
 2 LOCAL Emergency Contact Numbers
 Name _____ Phone _____
 Name _____ Phone _____
 Anything we should know about your child (behavioral issues, likes/dislikes,
 special interests, etc):

Health Records: Are there any medical conditions we need to know about for the participant's safety and well-being? Yes___ No___
If yes, please explain:

Allergies _____

Medications required daily _____

Doctor _____ Phone _____

Health insurance name and plan # _____

Hospital preference in emergency _____

I hereby give permission to SFPC to transport the Farm-to-Fork Fellowship at Shelby Farms Park participant named above off the Shelby Farms Park Conservancy property for the purpose of medical care or program activities as deemed appropriate by the Greenline Gardens Coordinator and/or Greenline Gardens Farm Manager. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Greenline Gardens Coordinator and/or Greenline Gardens Farm Manager to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the Farm-to-Fork Fellowship at Shelby Farms Park participant named above. I understand that SFPC does not provide accident/medical insurance for the

Farm-to-Fork Fellowship at Shelby Farms Park participant named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. I authorize SFPC to use any of my credit cards on file to pay for medical bills and/or prescription drugs.

Parent/Guardian Signature _____

Printed Name _____ Date _____

VACCINATION RECORD

Enrollment is contingent upon a COMPLETE health form. Please give us a COMPLETE record of the participant's immunization history in ONE of the following ways:

1. Attach a copy of participant's immunization record, OR
2. Fill in EVERY SINGLE blank next to the names of the following vaccines. *Every blank must be filled!* Next to each vaccine received, write the DATE received. If the participant has not received ONE OR MORE of the vaccines, you need to write "R/M" in those blanks, AND you need to write the following statement on the line provided immediately below: "Have not immunized for religious or medical reasons."

Statement line:

- _____ Diphtheria containing toxoid
- _____ Poliovirus vaccine
- _____ Hepatitis B
- _____ Hepatitis B vaccine
- _____ Measles vaccine (first administered after 12 months of age and second administered after 15 months of age)
- _____ Mumps vaccine administered after 12 months of age
- _____ Rubella vaccine administered after 12 months of age
- _____ Varicella vaccine (for children born on or after January 1, 1998)
- _____ Haemophilus influenza type B

I have read the entire Vaccination Record section and I have (check one):

- included a copy of the vaccination record, OR
- filled in every blank next to the vaccine names above.

Informed Consent, Release, Indemnification, and Hold Harmless Agreement
Participants/instructors 18 and over, read and sign first section only. Parents of minors participating, please read and sign both sections.

I understand that outdoor activities entail known and unanticipated risks and that participation in the Farm-to-Fork Fellowship at Shelby Farms Park involves a certain degree of risk that could result in injury, paralysis, death, or damage to myself, my child, or to property. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that

precautions will be taken to ensure the safety and well-being of all participants to the best ability of trained staff members, I agree and promise to accept and assume all of the risks existing in this activity. My or my child's participation in the Farm-to-Fork Fellowship at Shelby Farms Park Conservancy is purely voluntary, and I elect to participate in spite of the risks.

I hereby release and waive any and all claims that I may have against Shelby Farms Park Conservancy (SFPC) and their employees, agents, representatives, or volunteers, arising from participation in the Farm-to-Fork Fellowship at Shelby Farms Park. I agree to fully indemnify and hold harmless SFPC and their employees, agents, representatives, and volunteers from any and all claims arising from my or my child's participation in SFPC programs. This indemnification expressly includes any claims arising out of SFPC's own negligence or fault or that of their employees, agents, representatives, or volunteers. I agree that the indemnification includes the amount of the claims, the expense of defending against the claims, court costs, and attorney fees.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Staff Signature _____ Print Name _____ Date _____

Parent/Guardian Signature _____ Print Name _____
Date _____

PARENT'S or GUARDIAN'S ADDITIONAL INDEMNIFICATION

(must be completed for participants under the age of 18)

In consideration of _____ ("Minor") being permitted to participate in its activities and to use its equipment and facilities, I agree to further indemnify and hold harmless SFPC from any and all claims, as stated above, which are brought by or on behalf of Minor, and which are in any way connected with such use or participation by minor.

Parent/Guardian Signature _____ Date _____

Print Name _____