



Youth entering grades 9 – recent HS graduates

APPLICATION

Name _____

Phone (____) _____ - _____ Grade completed _____

E-mail _____

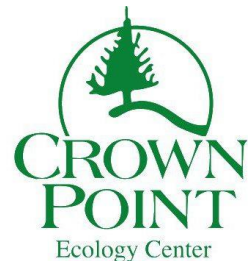
Address _____

City _____ State _____ Zip Code _____

School name _____

Career education program, if applicable _____

Taste of Farming is a pilot program of Crown Point Ecology Center with support from the Akron Community Foundation and partnering with Countryside Conservancy. Taste of Farming offers a chance to explore careers by visiting sites in our local and sustainable food system: small farms, a natural foods grocery store, a local food processing facility, local chef/s, urban gardens, scientists at the Ohio Agriculture Research & Development Center (OARDC), and explore a Community Supported Agriculture (CSA) program.



>Indicate which week you want to attend:

- July 10 – 14, 2017; Monday thru Friday, 9 a.m. – 3 p.m.
- July 17 – 21, 2017; Monday thru Friday, 9 a.m. – 3 p.m.

> Fee is \$50 per person; payment can be made on-line or, mail* a check, made to Crown Point Ecology Center, include “Taste of Farming” on the memo line.

>Crown Point Ecology Center at 3220 Ira Rd. in Bath, will be the “home base” of the program, but there will be travel between various locations. Van transportation will be included for program participants at no additional fee.

>Participating sites include but are not limited to: Greenfield Berry Farm, Mustard Seed Market & Café, The Ohio State University - Ohio Agriculture Research & Development Center in Wooster, Hattie Larlham’s Food Hub

>There is limited space in the program, so if more apply than there is room, we will consider your application answers in selecting our participants.

Please write short answers to the following questions.

Why do you want to participate in this program?

What types of things do you hope to learn from this experience?

Are you interested in any careers in this field? If so, which ones?

Have you ever been on a farm before? If so, describe your experience.

List one reference (it should not be a relative) that we can contact if necessary.

Name _____

Title/Relationship with you _____

Phone (_____) _____ - _____

E-mail _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

1. First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

2. First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

***Application can be mailed to:**

attn: Taste of Farming, Crown Point Ecology Center, P.O. Box 484, Bath, Ohio 44210