



2019 High School Internship Application Form

PART 1 – Student’s Contact Information

Name:

Address:

Phone Number:

Email:

School:

Emergency Contact:

PART 2 – Choose Type of Internship at Ollin Farms.

Please check the box on the right to indicate which internship you are interested in. (select all that apply)

- Harvesting and planting: Monday through Friday from 8am to 11:30am.
- Wash station: Monday through Friday from 11:00am to 3pm.
- CSA distribution: Monday, Tuesday and Thursdays from 3pm to 6:30pm

PART 3 – Commitment

Please check the box on the left to indicate you have read the statement below.

- I am interested in signing up for Ollin Farms High School Internship program.
- I understand that this position and program starts on Monday May 27th and continues through August 8th.
- I understand that I need to be on time, according to the internship I choose to work.
- I understand that this position is a paid job and the Farm Manager can terminate the Internship at any time.
- I am also submitting a signed program description and signed parental consent forms (includes liability waiver, photo release, and medical information) with this application. I understand applications will not be accepted without these forms.



PART 4 – SIGN AND SUBMIT APPLICATION

Name: _____

Signature: _____

Applications will be processed on a rolling, 'first come, first served' basis!

Please include the following signed forms with your application (download from website): program description and parental consent forms (liability waiver, photo release, and medical information).

Ollin Farms will not accept applications without these additional signed forms

Return by April 30th, 2019.

By Mail:

**Ollin Farms
8627 N. 95th ST.
Longmont Co. 80504**

In person:

Ollin Farms booth at the Saturday Longmont or Boulder Farmers Market



PHOTO RELEASE

Ollin Farms occasionally uses pictures of students participating in various farm related activities in printed materials, on our website(s), in advertisements, in videos and in picture displays.

Please read the following and sign as you deem appropriate for your child.

Check one:

_____ I hereby grant Ollin farms the right and permission, in connection with Olli farms farm activities, to take and use photographs of my child or in which my child may be included in Ollin Farm website(s), in videos, in advertisements and in printed materials.

_____ I do not want any photographs or videos of my child published in any media by Ollin Farms.

Intern's Name:

Address:

Parent/ Guardian Name:

Parent/Guardian signature: _____ **Date:** _____



CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby CONSENT to his/her participation in the **Ollin Farms 2019 Summer Internship** program.

I/We RELEASE and discharge the Ollin Farms owners, staff, volunteers, and the Open Space of Boulder County department from any and all claims, damages, losses or expenses of every kind or nature which **I/we** may have or acquire as the parent(s) or guardian(s) of said minor arising out of, connected to, or resulting, directly or indirectly, from said minor's participation in the Program.

I/We also RELEASE and discharge the Released Parties from any and all claims, damages, losses or expenses of every kind or nature which said minor may have or acquire arising out of, connected to, or resulting from, directly or indirectly, his/her participation in the Program.

I/We furthermore agree to defend and INDEMNIFY the Released Parties against and from any claim, damage, loss or expense of whatever kind or nature, including attorneys' fees, that the Release Parties may have to pay or be subject to that arise from or concern said minor's violation of any law or rule or any intentional, negligent, or reckless acts or omissions while participating in the program.

I/We hereby authorize any Ollin Farms employee(s), representative, or agent(s) to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the program. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required.

I/We hereby RELEASE and discharge the Released Parties from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care to said minor.

Name of Parent of Guardian

Signature of Parent or Guardian

Date



MEDICAL INFORMATION FORM

Intern's Name:

Parent/Guardian's Name:

Home Address:

Parent/Guardian's Phone #: _____

Emergency Contacts

In case of emergency or if parent/guardian is not available in an emergency, please notify:

Name: _____

Phone: _____

Relationship: _____

Health History

Please list any physical or mental health conditions:

Please list any and all medication that your child takes on a regular basis:

Please list all allergies (including food) or drug sensitivities and instructions pertaining to their management:
