

CENTRAL PARK CONSERVANCY

Saturday ROOTS

APPLICATION

Please TYPE or PRINT your information clearly:

Personal Information

Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student's Cell Phone: _____

E-mail: _____ Date of Birth: _____

Best way to contact you: Home Phone Cell Phone E-mail

Emergency Contact *(An adult that speaks English and can be reached during the hours of 3pm – 6pm.)*

Name: _____

Relationship to Student: _____

Phone 1: _____ Phone 2: _____

School Information

Name of School: _____

Grade: _____ Do you need service hours to graduate? _____ If yes, how many? _____

Personal Reference Letter

Please attach a letter of reference from a teacher, guidance counselor, advisor, previous internship or job supervisor, or other adult who has worked with you in the past.
The person cannot be a relative.

How did you find out about the Saturday ROOTS program? *Check one*

Teacher/Counselor Parent/Relative Friend Online Other _____



CENTRAL PARK
CONSERVANCY
central to the park

A Woodland Youth
Education Program
sponsored by

The
Heckscher
Foundation
for Children

In the Saturday ROOTS Program, we work individually and as a group to improve and maintain the woodlands of Central Park, because they are home to many native plants and animals. We are looking for help with removing invasive plants, planting native plants, and constructing and maintaining trails.

Please answer the following three questions in complete sentences: *(Feel free to use additional space on a separate sheet.)*

1. Why do you want to participate in the Saturday ROOTS program?

2. What experience do you have with planting, weeding, mulching, watering, trail construction and/or plant identification? If you have no experience, describe what you think you'd like about working outdoors in nature.

3. Describe one way in which you are a member of the natural community.

Application Deadline is September 15, 2011!
Application must be received by deadline date, not post-marked.

Please return completed application to:

Mail: Anne-Marie Vaduva
Central Park Conservancy
1 East 104th Street . Room 222
New York, NY 10029

Fax: 212-360-1450

Email: youth@centralparknyc.org

CENTRAL PARK CONSERVANCY

Saturday ROOTS

CONSENT FORM

The Saturday ROOTS program is conducted outdoors. Activities may include (but are not limited to) hiking, walking over uneven terrain, raking, planting, weeding, spreading wood mulch, pruning (ground level only), and use of hand held clippers, wheelbarrows, shovels, rakes, brooms, mulch forks, cultivators, and weed wrenches.

Name of Student: _____

Release of Liability

I understand that my child is voluntarily attending a program conducted by the Central Park Conservancy. I understand that my child is responsible for their own behavior, and will only perform in activities and work that they feel comfortable and safe doing. I release myself, my heirs, my personal representatives, the NYC Department of Parks and Recreation, Central Park Conservancy and its respective directors, trustees, officers, staff and volunteers ("Indemnities") from any claim, liability, demand, action, and cause of action whatsoever, (Collectively, "Claim") arising out of or related to any loss damage or injury (collectively "Loss"), to my child or their property, that they may sustain in connection with or arising out of this course or program.

Parent or Guardian Signature _____ Date _____

Photo Consent

I hereby authorize and consent to the Central Park Conservancy to copyright or publish all photographs/video tape in which my child appears while enrolled as a participant in their program. I further agree that the Central Park Conservancy may transfer, use or cause to be used, these photographs/video tapes for any and all exhibitions, public displays, commercials, art and advertising purposes without limitations or reservation.

Parent or Guardian Signature _____ Date _____