



Taste of Farming Application

Name _____

Phone (____) _____ - _____ Grade completed _____

E-mail _____

Address _____

City _____ State _____ Zip Code _____

School name _____

If you or a teenager you know are interested in food, farming, cooking or anything in between, then **Crown Point Ecology Center** has got the program for you! ***Taste of Farming*** offers teen-aged youth the opportunity to explore local farms and other establishments involved in the production and sales of sustainable, healthy foods in Northeast Ohio.

Throughout the week participants will visit different farms and facilities related to local food production. They'll have the chance to tour each site, learn and practice new skills from tomato harvesting to kitchen DNA extraction, interact with cool critters like chickens and bees, and meet top notch farmers, scientists and chefs working in the world of food. You'll also get to harvest, prepare and eat some of the most delicious fruits and vegetables around. Almost all activities will be hands-on!

Participating Organizations and sites we'll be visiting include:

Countryside Conservancy, Greenfield Berry Farm, Let's Grow Akron, The Ohio State University – Ohio Agriculture Research & Development Center, and Crown Point's organic farm.

Indicate which week you want to attend; if you can participate in either week, please mark both selections.

July 9 – 13, 2018; Monday thru Friday, 9 a.m. – 3 p.m.

July 16 – 20, 2018; Monday thru Friday, 9 a.m. – 3 p.m.

(Space is limited 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: _____

3. First Name: _____ Last Name: _____

Home Address: _____

City: _____

State: _____ Zip: _____

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

Cell Phone: (____) _____

Email: _____