



Walnut Grove Vocational Farm Participant Application

This form must be completed and filed with Walnut Grove Vocational Farm (WGVF) prior to an interview being arranged. The form contains extremely important participant information which is necessary for WGVF staff to maintain a safe learning environment. Filling out this application does not guarantee the participant will be accepted into the program. WGVF will be working with TransVac to provide transportation to the farm on **Fridays only**. Participants will be responsible for the cost if they choose to use this service. Please mail the completed form to DeKalb County Community Gardens PO Box 348, DeKalb, IL 60115.

Please answer all questions in their entirety.

Date completed: _____

Person completing this form: _____ Relationship to participant: _____

Is participant own legal guardian: Yes _____ No _____ Partial _____

If no, or partial, name of legal guardian: _____

Participant

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname or the name they like to go by: _____

Address: _____ City: _____

County: _____ Zip Code: _____

Primary phone: _____ Sex: M _____ F _____ Date of Birth: ____/____/____

Email: _____

Parent/Guardian

Name: _____

Address (if different from participants): _____

City: _____ Zip Code: _____

Primary phone: _____ Cell: _____

Email: _____

Name of Participant: _____

Emergency Information

Emergency contact: _____ Relationship: _____

Emergency contact will be used if unable to reach parent or guardian at above phone numbers.

Address: _____ City: _____

Phone: _____ Cell: _____

Doctor's name: _____

Authorization for Emergency Medical Treatment

I authorize Walnut Grove Vocational Farm to arrange for emergency medical treatment, in the event of any injury to above named participant, and in the event that I or my designated emergency contact cannot be reached by Walnut Grove Vocational Farm.

Signature of participant if over 18, Parent or Guardian Date

Medical and Health Information

Does participant have allergies? Yes _____ No _____

If yes, please explain: _____

Is the participant subject to seizures? Yes _____ No _____ Date of last seizure: ____/____/____

Are the seizures controlled by medication? Yes _____ No _____

Describe type and frequency: _____

Describe what action you take in the event of a seizure: _____

If participant has active seizures, please provide a seizure plan.

Any participant needing to take medication during their time at Walnut Grove Vocational Farm must complete a medication log and medication authorization form. Medication must arrive in pharmaceutical container with explicit instructions, participants name and the name of the doctor authorizing the prescription. Walnut Grove Vocational Farm staff will not directly dispense medication. The participant MUST be able to independently dispense their own medication.

Name of Participant: _____

List any medication participant takes (even if not taken during their time at WGFV):

Medication	Dosage	Frequency

Has participant had any major accidents or injuries that could affect participant? Yes _____ No _____

If yes, please describe: _____

Are there any doctor's restrictions? Yes _____ No _____

If yes, please describe: _____

Is the participant a carrier of a chronic communicable disease? Yes _____ No _____

Name the disease: _____

What is the participants primary disability _____

Secondary disability _____

If participant has Down syndrome:

Has participant been tested for Atlantoaxil instability? Yes _____ No _____

If tested for Atlantoaxil instability was the result positive? Yes _____ No _____

Circle any devices participant may use/wear during their time at WGFV:

Contact lenses Orthopedic Dentures Glasses Hearing aid Prosthesis devices

Other (Please specify): _____

Is participant ambulatory? Yes _____ No _____

Does participant use a wheel chair? Yes _____ No _____ If yes, Manual _____ Electric _____

Does participant willingly transfer? Yes _____ No _____

Name of Participant: _____

Please explain transferring: _____

Circle other assistive devices used for ambulation:

Cane Walker Brace Crutches Other _____

Check communication use: Verbal/speaks clearly _____ Verbal/speech is difficult to understand _____

Has difficulty expressing needs _____ Gestures/points _____ Uses sign language _____

Uses communication board/schedule/pictures _____

Explain any communication needs: _____

Additional Informational _____

Please answer each of the following questions.

	Yes	No		Yes	No
Recognizes danger			Needs assistance with transitioning		
Can stand for two hours			Any settings or activities that might cause behavior difficulties – If yes, please list:		
Responds better to Male _____ Female _____ Either _____					
Is using a specific plan for behavior If yes, please attach a copy of plan					
Can be bent over for an extended period of time			Needs help in bathroom – If yes, list needs:		
Are there specific behavior management or reinforcement that works best?			Can use sharp scissors or pruners		
			Can use sharp knives		
			Can lift up to 20 pounds		
May wander away or run from staff			Has sensory needs – Please list:		
Any fears or phobias (fear of dogs, thunderstorms, insects) Please list:					
Is available on Saturday or Sunday to help with retail sales			Can work in all kinds of weather (heat, cold, rain)		

Please attach any additional information that will assist the participant to be successful at Walnut Grove Vocational Farm.

Name of Participant: _____

What are your expected outcomes from receiving this training?

If you are seeking a job, do you have a personal assistant that would be able to be a job coach?

What distance are you willing to travel for a job?

How many days and hours would you be willing to work a week?

Name of Participant: _____

Walnut Grove Vocational Farm

Important Information

You are solely responsible for determining if you or your ward is physically fit and/or adequately skilled for the program contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before under taking any physical activity.

Warning of Risk

Walnut Grove Vocational Farm is intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation and instruction there is still a risk of serious injury when participating in the program. All hazards and dangers cannot be foreseen. Certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, and carelessness. In this regard, it is impossible for Walnut Grove Vocational Farm to guarantee absolute safety.

Waiver and Release of all Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your ward might sustain as a result of participating in the program. I recognize and acknowledge that there are certain risks of physical injury to the participant in this program, and I voluntarily agree to assume the full risk of any and all injuries, damage or loss, regardless of severity, that my ward or I may sustain as a result of participation. I further agree to waive and relinquish all claims I or my ward may have (or accrue to me or my ward) as a result of participating in this program against DeKalb County Community Gardens/Walnut Grove Vocational Farm, including its board, executive director, volunteers, and employees.

I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name _____

Participant's Signature _____ Date: _____

Parent or Legal Guardian _____ Date: _____

****Participation will be denied if the signature of adult participant or guardian and date are not on this waiver.**

Photo Release

I/We grant Walnut Grove Vocational Farm, its representatives, and employees the right to take photographs/videos in connection with activities at Walnut Grove Vocational Farm. I/We authorize Walnut Grove Vocational Farm to use or publish images/videos in print and/or electronically. I/We agree that Walnut Grove Vocational Farm may use such photographs/videos with or without my name and for any lawful purpose, including for example such purpose as publicity, advertising, illustration, and web content.

I/We have read, understand, and agree to the above photo release statements.

PLEASE PRINT

Participant's Name _____

Participant's Signature _____ Date: _____

Parent or Legal Guardian _____ Date: _____

Availability

Walnut Grove Vocational Farm will have three sessions throughout the year that involve different training. Transportation will be available through TransVac on **Fridays only**. Participants will be responsible for the cost if they choose to use this service. Below are descriptions about the training that will occur during each session. Please mark the box of the session(s) and time(s) the participant is available. Participants are not limited to how many sessions they can participate in.

Session 1: February 19th – May 11th

During Session 1 the participant may receive training in all or some of the following items depending on their skill level. If choosing the Friday time slot, the participant will be responsible for bringing their own lunch and drink/water bottle.

- Sow seeds in germination room/greenhouse
- Fill pots/trays with media
- Transplant plugs
- Prune plants
- Package plants for shipping
- Sow seeds outside in vegetable garden
- Plant vegetable plants in outdoor garden
- Plant flower beds
- Identify weeds and remove from vegetable and flower beds
- Mulch beds
- Care for chickens – feed, water, clean coop

Times:

- Wednesday: 9:00am - 11:00am
- Fridays: 9:00am - 1:00pm (*Lunch break 12:00-1:00)

*Participant is responsible for bringing their own lunch and drink/water bottle.

Session 2: May 14th – August 3rd

During Session 2 the participant will be assigned a vegetable row that they will be in charge of maintaining. They will also receive training in all or some of the following items depending on their skill level.

- Sow seeds outside in vegetable garden
- Plant vegetable plants in outdoor garden
- Fill pots with media
- Transplant mum plugs

Name of Participant: _____

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Identify weeds and remove from vegetable and flower beds
Harvest and wash vegetables
Prepare CSA boxes
Package plants for shipping
Mulch beds
Care for chickens – feed, water, clean coop
Prepare garlic for resale

Times:

Tuesdays: 9:00am - 1:00pm (*Lunch break 12:00 – 1:00)

Fridays: 9:00am – 1:00pm (*Lunch break 12:00 – 1:00)

*Participant is responsible for bringing their own lunch and drink/water bottle.

Session 3: August 6th – October 26th

During Session 3 the participant will be assigned a vegetable row that they will be responsible for maintaining. They will receive training in all or some of the following items depending on their skill level.

Plant garlic bulbs
Prepare garlic for resale
Identify weeds and remove from vegetable and flower beds
Harvest and wash vegetables
Prepare CSA boxes
Plant fall bulbs
Mulch beds
Care for chickens – feed, water, and clean coop
Inventory product
Sanitize pots and flats

Times:

Mondays: 9:00am - 1:00pm (*Lunch break 12:00pm – 1:00pm)

Fridays: 9:00am – 1:00pm (*Lunch break 12:00pm – 1:00pm)

*Participant is responsible for bringing their own lunch and drink/water bottle.