



PLEASE MAKE A COPY OF THIS DOCUMENT(GO TO FILE-MAKE A COPY)
Spring, 2024

TO: High School Students

Hello!

Have you heard about the Healthy Harvest Community Garden, now located behind Roller Mill 445 S. Main St. in Halifax? For the seventh year we are offering internships to students who are interested in learning about horticulture and agriculture (that's gardening and the growing techniques).

This is a fun way to spend part of your summer vacation:

- *Learning skills that may help you get a job in the future and
- *earning a \$600 scholarship

Here is how the scholarship works:

You would be responsible for showing up 3 days a week at the Healthy Harvest Community Garden to learn to plant and harvest vegetables 4 to 5 hours each day, 7am to noon. There will also be classes to teach you life long skills in gardening.

When you complete the 85 hours during the growing season from June to August, you will be awarded the scholarship and a certificate of completion.

If you don;t have your own transportation, your parents, guardians, or friends. (If dropped off by friends, a signed note from the parents or guardians with permission) will need to agree to drop you off and pick you up..

Does this sound good? If so, we invite you to apply for an internship. Talk things over with your parents, fill out the application forms and turn them into HHCG Chair, Maria Traynham's email to information below, or apply online at www.hhcghere4you.org.

Questions? Contact Maria Traynham at 434-471-8750 or hhcg4you@gmail.com

We hope to see you this summer at Healthy Harvest Community Garden!

HHCG Garden Location: Roller Mill 445 S. Main St. Halifax, VA 24558
Mailing Address: PO Box 152, Halifax, VA 24558



Employment Application

Personal Information: (Please Print Clearly)

Name: _____

Last

First

Middle

Telephone Number: _____

Address: _____

State: _____

Postcode: _____

Date of Birth: _____

Social Security Number: _____

Have you ever Worked at HHCG before?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes

No

If yes, when: _____

In case of Emergency Notify:

Name: _____

Telephone Number: _____

Address: _____

City: _____

State: _____

Postcode: _____



Availability:

What type of position are you seeking?

<input type="checkbox"/>	<input type="checkbox"/>
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Part-time Full-time

Have you ever been convicted of a felony?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes No

Are you legally able to work in the USA?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes No

Available Date to start: _____

Hours Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From						
To						

School most recently attended:

Name: _____

Address: _____

Principal: _____

Last Grade Completed: _____

Grade Average: _____

Graduated?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes No

Now enrolled?

<input type="checkbox"/>	<input type="checkbox"/>
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Yes No

Sports or Activities: _____



Most Recent Employment:

Company: _____
Address: _____
Telephone Number: _____
Position: _____
Supervisor: _____
Dates Worked: From: _____ To: _____ Wage: _____
Reason for leaving: _____

Company: _____
Address: _____
Telephone Number: _____
Position: _____
Supervisor: _____
Dates Worked: From: _____ To: _____ Wage: _____
Reason for leaving: _____

I certify that this information is complete and accurate. Giving incomplete or false information in an application for employment is a serious matter and is grounds for dismissal. I hereby acknowledge notification that HHCG may request information regarding my character, general reputation or mode of living.

Signature: _____
Date: _____



Name: _____

Answer the question below to apply for this job.

What do you think will be the best part of this job? _____ _____ _____
What do you think will be the worst part of this job? _____ _____ _____
What talent or skill of yours would be helpful for this job? _____ _____ _____
Why do you think you would be a good HHCG intern? _____ _____ _____
Are you interested in working through the summer break in June through August? _____ _____ _____
What would make this internship so awesome that you would tell all of your friends to apply next summer? _____ _____ _____
Is there anything that will prevent you from coming to work? _____ _____ _____



Applicant's Name: _____

List three references:

Name: _____

Company: _____

Title: _____

Phone Number: _____

Best time to call: _____

Email address: _____

Relationship: _____

Name: _____

Company: _____

Title: _____

Phone Number: _____

Best time to call: _____

Email address: _____

Relationship: _____

Name: _____

Company: _____

Title: _____

Phone Number: _____

Best time to call: _____

Email address: _____

Relationship: _____



Volunteer / Intern Waiver of Liability Form

Release and Waiver: I attest that I am physically fit to participate in all of the activities associated with the maintenance and upkeep of the Community Garden as a volunteer/intern.I hereby for myself, my heirs, executor(s), and administrator(s), waive and release all rights and claims of damages I may have against Healthy Harvest Community Garden, its employees, representatives, successor and assigns any individual associated with HHCG, and will hold them harmless for any and all injuries suffered inconnection with my volunteer activities at the Community Garden.

Photographic Release: further, I hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, recordings, and any other record made in connection with my activities at the Community Garden.

***Under no circumstances will any volunteer be allowed in the Community garden without first signing this Volunteer Waiver of Liability Form.**

Full Name(Print):_____

Date:_____

Signature:_____

Date:_____

Signature of parent/guardian (under 18):_____

Relationship to minor:_____

***PLEASE NOTE: If a volunteer is under 18 years of age, then a parent or guardian must sign this waiver.**