

# Foodwise Teens Application

## JOHN O'CONNELL HIGH SCHOOL

Foodwise Teens is a job training program in which teens build skills to sustain a healthy life and a healthy planet by a hands-on survey course of sustainable food careers. Foodwise Teens is a program of CUESA (Center for Urban Education about Sustainable Agriculture).

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Please write legibly in blue or black pen. Sections marked with \* are optional.

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Legal Name, If Different: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Do you receive texts?  Yes  No

### Personal Information (all information provided will be kept confidential by CUESA staff)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_ Gender Identity: \_\_\_\_ Gender Pronouns: \_\_\_\_\_

Race/Ethnicity/Cultural Group: \_\_\_\_\_

Do you have a Social Security Number or Tax ID number that you can provide if you are selected?

Yes  No

### Legal Guardianship & Living Arrangements

Parent/Legal Guardian #1

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Application Deadline: WEDNESDAY | September 4, 2019**

**Interview Date: WEDNESDAY | September 11, 2019**

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Do you live with them? \_\_\_\_\_

Languages spoken \_\_\_\_\_ Is this your emergency contact?  Yes  No

Parent/Legal Guardian #2

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Do you live with them? \_\_\_\_\_

Languages spoken \_\_\_\_\_ Is this your emergency contact?  Yes  No

**If you do not live with a parent/guardian listed above, with whom do you live?**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Languages spoken \_\_\_\_\_ Is this your emergency contact?  Yes  No

**If your emergency contact is not a parent/guardian listed above, who is your emergency contact?**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Languages spoken \_\_\_\_\_ Is this your emergency contact?  Yes  No

**Education**

Year in School:  Freshman  Sophomore  Junior  Senior

Are you eligible for free/reduced lunch?  Yes  No  Not sure

Please list all youth programs you're currently involved in (for example, after school programs, weekend activities, clubs, or sports): \_\_\_\_\_

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### Reference

As part of this application, you will have to ask an adult who is NOT a family member to serve as a reference for you. References should only be people who have given you permission to list them as a reference ahead of time.

Name: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

Did this person give you permission to list you as a reference?  Yes  No

## Application Questions

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Please write legibly in blue or black pen.

We want to know who you are! Think carefully about your answers to these questions. Write as completely as you can, and try to use all of the space provided. You may attach additional pages if needed. You may also attach typed responses if you prefer.

1. Why do you want to be a Foodwise Teens Intern? What interests you about Foodwise Teens?

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2. Explain a time when you worked with a group of people on a project or task. What was your role in the group?  
What was challenging about working in a group, and what was good

3. Do you have experience gardening or cooking? What did you enjoy? Were there any challenges for you?  
Please explain.

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4. How would you like to grow as a person through our program? How can Foodwise Teens help you do that? What do you want to get out of this internship?

If you'd like us to know anything else, feel free to attach additional pages. Once your application is complete, please scan and email to [tessa@cuesa.org](mailto:tessa@cuesa.org), turn it in to Mr. Quezada in room 111, or mail or drop it off at:

CUESA  
One Ferry Building, Suite 50  
San Francisco, CA 94111

For additional questions, contact us at (415) 291-3276 x105 or [tessa@cuesa.org](mailto:tessa@cuesa.org).

**Application Due By September 4, 2019**