Foodwise Teens Application

MISSION HIGH SCHOOL

Foodwise Teens is a job training program is 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).

Please write legible Contact Information	y in blue or black pen. Sections marked with * are optional.
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 infor	mation provided will be kept confidential by CUESA staff)
Birth Date:/ Currer	nt Age: Gender Identity: Gender Pronouns:
Race/Ethnicity/Cultural Group:	
	umbers will not be excluded from participation in Foodwise Teens. mber or Tax ID number that you can provide if you are selected?
Legal Guardianship & Living Parent/Legal Guardian #1	Arrangements
Name:	Relationship to you:
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 <u>not</u> live with a parent	z/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 <u>n</u> contact?	ot a parent/guardian listed above, who is your emergency
Name:	Relationship to you:
Primary phone:	Alternate phone:
Languages spoken	Is this your emergency contact? □ Yes □ No
Education Year in School: ☐ Freshman ☐ Sc	phomore □ Junior □ Senior
Are you eligible for free/reduced lu	nch? □ Yes □ No □ Not sure
	e currently involved in (for example, after school programs, weekend
reference for you. References shoul reference ahead of time.	nave to ask an adult who is NOT a family member to serve as a d only be people who have given you permission to list them as a
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

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 <u>completely</u> 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 Foody	dwise Leens':	ens?
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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.
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?
	ou'd like us to know anything else, feel free to attach additional pages. Once your application is lete, please scan and email to <u>tessa@cuesa.org</u> , turn it in to Mr. D'Acquisto 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 or tessa@cuesa.org.

Application Due By February 18, 2020

Application Deadline: TUESDAY | February 18, 2020

Interview Date: TUESDAY | February 25, 2020