

FOCUSING ON FAMILIES, INC.

SOWING SEEDS. CULTIVATING LIVES

HARVEST

YOUTH MENTORING

HARVEST

YOUTH

LEADERSHIP

PROGRAM

Application

2018-2019

Cohort 1

**Focusing on
Families, Inc.**

401 Ogletown Road

#5766

Newark, DE 19711

302-981-8445

www.focusingonfamilies.org

Christel Brewer





Focusing on Families, Inc.
401 Ogleton Road #5766
Newark, DE 19711
302-981-8445
www.focusingonfamilies.org

Greetings!

We are so delighted that you are interested in applying for the Harvest Youth Leadership Program! We are confident that you will find this experience exciting, inspiring, and personally rewarding.

Program Overview

Harvest Youth Leadership Program is a 12-month leadership program for students in grades 9-12. Youth Leaders are given the opportunity to serve as mentors, facilitators, and leaders to children in the Young Harvest Program (grades 3-5) or participate as Youth Leaders with the All Sports program.

Harvest Youth Leadership Program begins with a full day training on September 22, 2018 from 9:00 am-3:00pm. During this training, youth leaders learn valuable skills, hear from guest speakers, and participate in team building training.

During the year, youth leaders attend to monthly meetings for Young Harvest (3rd Tuesday of each month from 4:00pm- 6:00pm) and participate in 2 leadership trainings. Youth Leaders students are encouraged to attend sponsored trips/activities and service projects in the community. As participants in the program, youth leaders and their families are invited to attend the annual Holiday Dinner and End of Year Celebration.

Finally, **Focusing on Families, Inc.** offers parents/caregivers of youth leaders the opportunity to be a part of **Purposely Planted**, a series of workshops and programs to support and empower parents/caregivers!

Commitment

Youth Leaders accepted into Harvest Youth Leadership Program are asked to make a one-year commitment to the program. This includes attending all trainings and monthly meetings from September to June. We also ask that students bring “their best selves” to each meeting and hold true to the motto, **“You Only Get Out, What You Put In!”**

We have included a copy of the Program Calendar so you will be aware of all dates for the 2018-2019 program year in advance.

Benefits

- **Leadership Training**
- **Personal Development**
- **60 Hours of Required Community Service**
- **Positive Peer Relationships**
- **Networking and Mentoring with Top Professionals**
- **Monthly Giveaways & Incentives**



Focusing on Families, Inc.
 401 Ogletown Road #5766
 Newark, DE 19711
 302-981-8445
 www.focusingonfamilies.org

Program Calendar 2018-2019

Date	Topic/Activity	
September 18, 2018	Planning Your Garden (Goal Setting)	
September 22, 2018	Harvest Youth Leadership Training	
October 13, 2018	Fall Community Clean Up	Volunteer Opportunity
October 16, 2018	Cultivate Your Ground (Who Am I?)	
November 10, 2018	HYLP Leadership Workshop	
November 20, 2018	Invest in Your Garden Tools (Time and Money Management)	Guest Speaker: TBA
December 18, 2018	Prepare Your Soil (Academic & Career Goals)	
December 2018	Annual Holiday Dinner (Date TBA)	
January 14, 2019	Sow Your Seeds *Monday mtg (Service Learning)	MLK Day of Service
February 16, 2019	HYLP Leadership Workshop	
February 19, 2019	Get Rid of Weeds (Finding Friends. Removing Enemies)	
March 19, 2019	Nurture Your Garden (Self-Care)	
April 16, 2019	Stabilize Your Roots (Know Your History)	Young Harvest:
May 21, 2019	Prepare for Next Season (Year in Review)	
May 18, 2019	HYLP Leadership Workshop	
June 2019	Enjoy Your Harvest (Celebration & Acknowledgement)	End of Year Award Celebration and Cookout Date TBA



Focusing on Families, Inc.
401 Ogletown Road #5766
Newark, DE 19711
302-981-8445
www.focusingonfamilies.org

Typed applications are strongly encouraged and may be found online.
APPLICATIONS COMPLETED IN PENCIL WILL NOT BE ACCEPTED.

- ◆ Complete each section. Please keep your answers brief and stay within the space provided, unless otherwise directed.
- ◆ Sign your application. Have your parent/guardian sign your application. Turn the completed application in no later than **September 7, 2018**, to Focusing on Families, Inc., Attention: Harvest Youth Leadership at 401 Ogletown Road #5766, Newark, DE 19711, or scan/email to cbrewer@focusingonfamilies.org or contact 302-981-8445 to arrange drop off.
- ◆ Give the Teacher/Coach/Community Leader Recommendation Forms to your teacher/coach and community leader along with a pre-addressed stamped envelope allowing enough time for it to be completed and received at Focusing on Families, Inc. by **September 18, 2018**.

Applicants will be contacted to schedule an interview during the week of September 10-14, 2018.

1. APPLICANT INFORMATION

Name (last, first, middle initial):

Name or Nickname Preferred:

Date of Birth:

Mailing Address: Home Phone (with Area Code):

Cell Phone (with Area Code):

E-mail (MUST PROVIDE):

School:

Special Needs: (dietary, mobility, etc.)

2. PARENTAL INFORMATION

Father/Guardian Name (last, first):

Mailing Address (if different from above):

Daytime Phone Number (In case of emergency) (with Area Code):

Cell Phone (with Area Code):

Evening Phone (with Area Code):

E-mail:

Mother/Guardian Name (last, first, middle initial):

Mailing Address (if different from above):

Daytime Phone Number (with Area Code) (In case of Emergency):

Cell Phone (with Area Code):

Evening Phone (with Area Code):

E-mail:

Feel free to answer questions on a separate sheet of paper.

3. EXTRA-CURRICULAR INVOLVEMENT

A. Please list in order of importance to you any extracurricular activities in which you are currently participating or plan to participate in during this coming school year. These may include school, volunteer, community, civic, religious, political, government, social, athletic, work, or other activities.

B. Please list any leadership positions held, special honors, awards and recognitions received during your high school years.

4. GENERAL INFORMATION

A. Using a few phrases or adjectives, how would you describe yourself?

B. How do you plan to use your leadership and communication skills learned from the HYL in your future? Please include your education and career goals.

C. What specific skills/knowledge do you hope to gain from your participation in Harvest Youth Leadership Program?

D. Why do you believe you should be accepted into the Harvest Youth Leadership Program?

E. Why do you feel mentoring programs are beneficial for children and youth in New Castle County?

F. Please attach a brief bio that will be included in materials about the Youth Leadership Program if you are chosen to participate this year.

5. COMMITMENT TO HARVEST YOUTH LEADERSHIP PROGRAM

Harvest Youth Leadership Program requires a commitment from the Applicant, the school, and the Parents/ Guardians for this experience to be meaningful, educational, and successful. Please read the requirements below and then sign to acknowledge your commitment to Harvest Youth Leadership Program.

APPLICANT

I understand the requirements of the Harvest Youth Leadership Program. If I am selected, I will devote the time and resources necessary to complete the program, while ensuring that I meet all educational requirements at my school. I understand that attendance is mandatory at the leadership training, monthly mentor sessions, two leadership workshops, and the end of year ceremony. I acknowledge that if I miss training or any of the other mandatory sessions, without prior approval, I may be asked to withdraw from the program. I have reviewed all mandatory dates and acknowledge with my signature that, if selected, I will be available to attend all the events and agree to be bound by the other commitments stated above.

Applicant Signature Date

PARENT/GUARDIAN COMMITMENT

This application has the approval of this parent/guardian and the applicant has my full support, which includes the time required to participate in the program. We have reviewed the schedule of events for the Harvest Youth Leadership Program year and do not have any conflicts.

Parent/Guardian (printed name)

Signature Date



Focusing on Families, Inc.
401 Ogletown Road #5766
Newark, DE 19711
302-981-8445
www.focusingonfamilies.org

Parent/Guardian Consent Form

Harvest Youth Leadership Program is a program provided by Focusing on Families, Inc. and is available to high school students in grades 9-12. Youth Leadership is proven to greatly benefit the academic, social and emotional well-being of children and can provide a source of motivation, encouragement and inspiration for both the mentee and the mentor.

- ❖ All volunteers/mentors involved in the program are thoroughly screened and must complete a background check for your child's safety. Mentors receive training to lay the foundation for a successful mentoring relationship as well as clarify roles, boundaries, expectations, and safety issues.
- ❖ Focusing on Families, Inc. staff and mentors are required to report any minor (under 18 years of age), who is currently endangered by abuse or neglect, and to report if children are suspected of being a danger to themselves or others.
- ❖ In permitting your child to participate in the Harvest Youth Leadership Program, you understand that Focusing on Families, Inc. is authorized to release or exchange any relevant information with its partners for reporting purposes alone.
- ❖ Focusing on Families, Inc. requests permission for your youth to participate in Harvest Youth Leadership Program. Participation is completely voluntary.

Please check the appropriate boxes:

- I have read the program description and understand the goals and purpose of the program.
- YES, I give consent for my child, (name) _____, to participate in Harvest Youth Leadership Program and affirm that my youth is in high school (grades 9-12) (Exceptions can be made with the approval of the HYM Program Coordinator)
- I permit any relevant information to be released and exchanged with my child's school.

Parent/Guardian name (print) _____ Signature _____

Date: _____



Focusing on Families, Inc. Release and Indemnity Agreement

By allowing _____ (mentee applicant) to participate in Harvest Youth Leadership Program, a program of Focusing on Families, Inc. I understand he/she will be meeting with volunteer mentors 18 years or older who have been screened and trained by Focusing on Families, Inc. I understand that his/her participation in hiking, climbing, field sports, group games and other active events have inherent risk, including but not limited to, the risk of serious physical injury. The undersigned assumes that risk on his/her behalf.

Medical treatment for the mentee applicant may be authorized by any Focusing on Families, Inc. staff member or volunteer as my agent at my sole expense. I further allow Harvest Youth Leadership Program to give any medical provider the name of my medical insurance, which is _____, and my policy number, which is _____ and will provide Harvest Youth Mentoring with the most up to date insurance card.

In consideration of the mentee applicant's participation in any and all programs of Focusing on Families, Inc., the undersigned agrees on his/her behalf to defend indemnity and hold harmless Focusing on Families, Inc., their agents, servants, volunteers, Board of Directors and staff from any and all claims or damages arising out of (1) the mentee applicant's participation in any and all programs, and (2) any act, omission or negligence of the undersigned. The undersigned releases the Focusing on Families, Inc. from all claims, damages and causes of action s/he ever had, now has or hereafter may have by reason of the undersigned's participation in the programs of the undersigned's time with the Focusing on Families, Inc.

The undersigned agrees and consents on behalf of the mentee applicant to participation in awards, ceremonies, honor rolls and similar public awards for achievement and use by Focusing on Families, Inc. of his/her image in any ceremony, mailing brochures, press releases or advertising.

This form, properly executed, must be submitted to Focusing on Families, Inc. on or before the undersigned's arrival at Focusing on Families, Inc. programs and may be revoked at any time having the original of the form returned to the undersigned and a letter of revocation substituted therefore.

Signature of Youth Leader _____ Date _____

Printed Name of Youth Leader _____

Signature of Parent/ Guardian _____ Date _____

Printed Name of Parent/ Guardian _____



HARVEST YOUTH LEADERSHIP PROGRAM RECOMMENDATION FORM

Focusing on Families, Inc.
 401 Ogletown Road #5766
 Newark, DE 19711
 302-981-8445
www.focusingonfamilies.org

Candidate's Full Name _____

The above-named candidate is being leader in Harvest Youth Leadership. The Program Coordinator will use this form to determine if he/she will be a good fit for the program based on standards of service, leadership, and character. Please complete the survey to the best of your ability. If you have questions or comments, please contact Christel Brewer (hylp@focusingonfamilies.org). **Please place this form in the envelope provided by the student, seal the envelope, sign along the seal and return to the student or email the form to cbrewer@focusingonfamilies.org**

Thank you in advance,
Focusing on Families, Inc.

Person completing form _____
Relationship to student _____

Please rate the student using the scale provided. For responses of 2 or lower, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Attendance		
Social Skills		
Respectfulness		
Initiative		
Ability to keep commitments/meet deadlines		
Punctuality		
Leadership Potential		
Results Oriented		
Maturity		





**HARVEST YOUTH LEADERSHIP PROGRAM
RECOMMENDATION FORM**

Focusing on Families, Inc.
401 Ogletown Road #5766
Newark, DE 19711
302-981-8445
www.focusingonfamilies.org

Page 2

Briefly Explain why you feel this student would make a good youth leader and mentor to children in grades 3-5.

Please write any additional comments or information you feel would be helpful when evaluating this student.

Overall impression of candidate: (please circle one)

Highly recommend Recommend Recommend with reservation Do not recommend

Signature _____ Date _____

Thank you for completing this form!

Harvest Youth Leadership Program

INSTRUCTIONS FOR COMPLETED APPLICATION and RECOMMENDATION FORMS

Deadline

All forms **MUST BE RECEIVED** by
Focusing on Families, Inc. via mail, email or dropped
off in person no later than 5pm, **September 7, 2018**

Attention

Students, Teachers, Coaches and Community
Leaders

Please email or mail your completed forms to ensure
receipt by Noon, **Friday, September 17, 2018, to:**

Focusing on Families, Inc.
Attention: Harvest Youth Leadership Program
401 Ogletown Road #5766
Newark, DE 19711

Or email to:

cbrewer@focusingonfamilies.org