



YOUTH TREE TEAM APPLICATION	
First Name, Middle Initial, Last Name	
Current Address	
Phone Number:	
Email Address:	
Date of Birth (month/date/year):	
Current Grade Level (if applying for Summer Youth Tree Team, grade you will enter in the Fall)	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
School Attending (if applying for Summer Youth Tree Team, school you will attend in the Fall)	
Extracurricular Activities	
EMPLOYMENT HISTORY	
<input type="checkbox"/> Previously Employed <input type="checkbox"/> Never Been Employed	
If previously employed:	
Employer/Company Name	
Supervisor Name	
Phone Number	
Job Title	
Starting/Ending Date of Employment	
Permission to Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION	
Parent or Guardian (Name and Relationship)	
Parent/Guardian Phone	Parent/Guardian Email
In Case of Emergency, please contact (Name and Relationship):	
Emergency Contact Phone	Emergency Contact Alternate Phone
Are you eligible to work in the United States? <i>Program participants will be required to furnish proof of identity and work eligibility.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information contained in this application is true and correct to the best of my knowledge and I agree to have any of the information verified by Community Greening. I understand that completion of this application does not guarantee selection to participate in the Youth Tree Team program.	
Signature of Applicant:	Date:
VOLUNTARY DEMOGRAPHIC INFORMATION	
Community Greening does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status or any other classification protected by federal, state, or local law. This information is used for grant reporting purposes only. Completion of this information is voluntary and will not affect your opportunity for employment or terms or conditions of employment if hired.	
I identify as (please check all that apply):	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic/Latinx/Spanish
<input type="checkbox"/> Asian	<input type="checkbox"/> Male
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Female
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Non-binary/Gender fluid
<input type="checkbox"/> White	<input type="checkbox"/> Transgender
<input type="checkbox"/> Other	<input type="checkbox"/> Other
PARENT/GUARDIAN PERMISSIONS	
I understand that the Youth Tree Team Program includes outdoor work requiring physical labor. I hereby grant permission for the student to participate in all application and program activities, including transportation to work and enrichment sites in the South Florida area.	
Signature of Parent or Guardian:	Date: