



SEED Skills Program Details

Welcome to Trellis for Tomorrow's SEED Skills program in 2024!
Please hold on to this sheet, which contains important details about the program.

Details:

The 2024 SEED Skills program will meet for 3.5 weeks at each of our four garden locations. Participants will meet 4 days a week (typically Monday through Thursday) from 8am – 1pm. **Please note updates to the schedule for holidays indicated below.**

Garden Sites:

- **Rolling Hills Apartments Garden (2120 Buchert Rd, Pottsgrove): June 17 – July 10**
- **Walnut St Community Garden (718 Walnut St, Pottstown): June 17 - July 10**
- **Park Spring Apartments Garden (1800 Park Springs Blvd, Spring City): July 15 – August 6**
- **Don Coppedge Village Garden (170 Persimmon Ln, Phoenixville): July 15 – August 6**

Holidays Dates:

- **Wednesday, June 19 will be OFF.** Instead we will meet on Friday, June 21st
- **Thursday, July 4 will be OFF.** Instead we will extend that session by one day, ending on Wednesday, July 10.

Orientation Days

We ask that each participant and at least one parent or guardian attend an in-person orientation session prior to the start of the program. Details for each session are below:

- **Rolling Hills Apartments, Saturday June 1st 10-11:30am**
- **Walnut St Community Garden, Saturday June 1st 1-2:30pm**
- **Don Coppedge Village, Saturday, June 29th, 10-11:30am**
- **Park Spring Apartments, Saturday June 29th, 1-2:30pm**

Educational Stipends

- Participants will receive their stipend in the form of a check following the final day of their garden session.
- If your child does not have a bank account, there are a few of options for cashing their check:
 - Sign over the check to an adult with a bank account. You can do this by signing the back of the check with the minor's name and write "Minor." The adult will sign their name underneath and write "Parent" or "Guardian" and take to the bank
 - Visit the bank that issued the check – this will require ID for the minor (Birth Certificate)
 - You could also try bringing the check to Walmart to cash at their customer service counter – they typically charge \$4 to cash checks. Be sure to bring ID for the minor in this case.

Additional Notes:

- During each in-person garden day, youth will receive snacks and breakfast bars in the morning and a healthy lunch that we eat together before departing at 1 pm.
- The last week of the program will include a field trip as well as end of session celebration. Please keep your eyes out for additional information including a field trip permission slip.
- Participants must provide their OWN transportation to and from the garden sessions.

In 2023, asked how could the SEED Skills Program do better? These were some of the responses:



So how will we improve the program in 2024?

- For those who were looking for more leadership opportunities among participants: we love that you are seeking more opportunities to flex those skill! We will be implanting job rotations including leader of the day so that each participant will be responsible for different aspects of the program each day.
- For those who mentioned new or more games: we heard you! We'll be incorporating lots of new games this year as well as different craft and garden activities
- For those who wanted more variety at lunch: Good news! We plan to incorporate cooking demos twice a week with the help of local dietetics students who will teach us all how to incorporate garden produce into delicious snacks and meals! The food we make during these demos will be part of lunch as well
- Some people mentioned wanting to go more in depth into the ecology of the garden. This year the crop plan has been picked very specifically so that you'll get to experience all different types of garden work: planting, harvesting, soil testing, etc.
- We always hope to have plenty of new people join the program each year. We love to have a mix of returning participants as well as new faces so we look forward to getting the word out!



Participation Guidelines

Please retain this document to refer to throughout the session

We are so excited that you are joining the SEED Skills program! The following are some important guidelines we adhere to so that all participants have a positive experience while with us. Above all else, students and staff members alike are expected to treat each other, and land and spaces they use, with consideration, dignity, and respect. We ask that youth and caregivers familiarize yourself with these guidelines and be prepared to follow them while participating.

- Participants are expected to arrive at the program on time, wearing appropriate clothing for the day's activities – that means clothes and shoes that you do not mind getting dirty and anything you need to protect from the sun (hat, sunglasses, sun layers, etc)
- SEED Skills teaches wellness and healthy behaviors as part of our curriculum. We kindly ask participants to refrain from bringing/consuming soda, chips, candy or other processed food products during program hours – we will be providing drinks, snacks and lunch.
- Notification of any absences in advance, whenever possible, is strongly encouraged. Caregivers or youth participants are asked to notify a staff member by phone as soon as possible if the youth will be absent due to illness or unexpected event. Staff phone number is at the bottom of the page.
- Students are expected to listen to directions and to be cooperative, hardworking, and respectful, during all programming.
- Everyone is expected to prioritize safety for themselves and others, including, but not limited to:
 - Listening carefully to given directions and safety precautions during safety briefings in the garden, during trips, or in any other situation
 - Staying hydrated and protected from the sun (hats and sunscreen are encouraged!) while outdoors
 - Alerting staff of any situation, involving yourself or others, which you think is unsafe or inappropriate
- Personal or recreational use of cell phones and any other personal electronic devices are not permitted during program sessions. Phone calls, texting, gaming, listening to music and browsing online are major distractions. Violation of this rule may result in confiscation of the device. If confiscated, the device will be returned to the student at the end of the program day. Parents are encouraged to contact staff at the number below if they need to get in touch with their child.
- The development of friendships between youth participants is encouraged, however a key intent of the SEED Skills program is to prepare youth for entry into the workforce. As in any professional workplace, public physical displays of affection between participants are not appropriate.
- Inappropriate or disruptive behavior is not permitted. This includes any activity that could intentionally or unintentionally harm others, cause disorder and/or property damage.



Participation Guidelines

- The following are strictly prohibited under any circumstances and can result in immediate dismissal from the program:
 - Lewd, indecent, sexual, or obscene act or expression.
 - Verbal, physical, or sexual harassment, hazing, fighting, or bullying
 - The use of obscenities or derogatory slurs against any person based on race, color, creed, national origin, ancestry, age, sex, sexual orientation, gender identification, or disability.
 - The possession or use of alcohol, drugs, vape, tobacco, or nicotine in any form.
 - Acts of vandalism
 - The possession of any weapon

Step System:

Behavioral incidents that arise will be documented using a step system. Each time a participant displays a behavior that does not align with program guidelines they will be marked down a step. After 3 steps in any one category, the participant is at risk of suspension. If a participant is suspended, they must miss one day of programming but there will be opportunities to step back in by showing positive behavior with the help of staff and peer mentors.

Educational Grants:

Participants are provided with an educational grant or receive community service credits for completing the SEED Skills program. The educational grant is contingent upon successful completion of the program, and absences or lack of adherence to the guidelines may result in a reduced educational grant or reduced community service hours.

Please hold on to this form for your reference and acknowledge that you have read and agree to the Participation Guidelines on the Informed Consent and Agreement page.

Child's Name: _____

I, _____, parent or legal guardian of the above-mentioned student, hereby give permission for my child to participate in Trellis for Tomorrow's (Trellis) program. I understand that the primary objective of the program is to provide my child with an enrichment opportunity in community gardens. **This form is valid for as long as my child participates in any of Trellis's programs.**

I hereby authorize **Trellis for Tomorrow's** staff, volunteers, and partners to:

1. Allow my son/daughter to participate in Trellis' program(s) identified below:
*All Trellis Programs (SEED Skills Crew, Leadership Track) **NOTE: Separate applications and/or interviews may be required for each program.***
2. Use my child's name, photograph and quotes in *all Trellis's* press releases and publications, along with any of Trellis's partners
3. Allow my child to participate in surveys and evaluative processes that will inform internal and external programmatic evaluation and development.

In consideration of the acceptance of my child's voluntary participation in Trellis's program, I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me against Trellis as a result of my child's participation in the above captioned program(s). This release is intended to discharge Trellis for Tomorrow, its officers, directors, employees, representatives and volunteers, partner organizations, and any and all other private or public agencies involved in *any Trellis program* from and against any and all liability arising out of or connected in any way with my child's participation in these programs.

It is further understood that accidents and injuries can arise out of participation in any Trellis program; knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to my son/daughter (or his/her parents, guardians or their heirs or assigns) for damages.

Specific risks at site: sharp tools and implements, insects, allergic reactions, ticks, and other outdoor and travel risks. This is not an all-inclusive list; there may be other risks associated with the program. When riding in Trellis provided vehicles, all persons **MUST** wear their seatbelt!

I further agree that any Trellis representative is authorized to obtain emergency medical treatment for my son/daughter, up to and including emergency hospitalization and surgery, in the event of an emergency. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release Trellis, any other involved private or public agencies and any medical provider of emergency treatment to my child for any related liability. Your signature on this form signifies that you understand these terms and accept all medical responsibility for your child.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Parent's/Guardian's Name (Printed)

Parent's/Guardian's Signature

Date



Trellis for Tomorrow Programs
Medical Release Form

NOTE: The health history information is not part of the acceptance process but is gathered to assist Trellis for Tomorrow (Trellis) in identifying appropriate care. For students under the age of 18, the health history must be filled out by their parent/guardian. Please provide complete, detailed information.

Participant's Name: _____

Parent/Guardian Name: _____ Cell: _____

Allergies: Describe action to be taken in case of allergic reaction to specified allergy (ex: use epi-pen)

___ Dairy _____

___ Insect/Bee stings _____

___ Nuts (list all) _____

___ Wheat/gluten _____

___ Other (explain) _____

Dietary Restrictions: Please list any dietary restrictions (such a vegetarian or no pork) so that we can adequately plan our snack and lunch offerings

Table with 3 columns: Medications being taken (name), Dosage, Reason for taking medication. Includes two rows of blank lines for entry.

Check here if this youth does not take medication on a routine basis: _____

Date of last tetanus shot (if known): _____

Additional Information that would be helpful for Trellis staff: (i.e. restrictions to activity, neurodivergence, mental health notes, etc.)

MEDICAL PROFESSIONAL INFORMATION

Family Doctor: _____

Doctor's Phone #: _____

Health Insurance Company: _____

Policy #: _____

Group #: _____

Name of Policy Holder (as it appears on card): _____



EMERGENCY CONTACT INFORMATION

Please provide name of someone *other than* your PARENT or GUARDIAN in case of emergency:

Last Name: _____ First Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Best way to be reached: Home Cell

Home Phone E-mail

Parent/Guardian Authorization: The health history and medical information is correct and complete as far as I know. The student herein described has permission to engage in all Trellis program activities, except as noted, and has permission to receive medical treatment in the event of an emergency.

Signature of Parent/Guardian

Date

Participant Agreement: I also understand and agree to abide by any restrictions placed on my participation in Trellis activities.

Signature of Participant (Printed is okay)

Date