

# LEARN. CULTIVATE. GROW.



## Young Leadership Summer Program

### 2014 Workshops

#### July Session

Sundays, July 6, 13, 20, 27

#### August Session

Sundays, August 3, 10, 17, 24

9:00 AM - 12:00 PM .....Garden Work

12:00 - 1:00 PM .....Lunch (please bring a bag lunch)

1:00 - 2:00 PM .....Workshop

2:00 - 3:00 PM .....Garden Work

### **Experience the world of urban agriculture with other Chicago-area high school students.**

The program is free and open to high school students who are entering grades 9–12. It will be held at KAM Isaiah Israel Congregation at 1100 East Hyde Park Boulevard in Chicago during the four Sundays of July and August 2014.

Hands-on training in KAM Isaiah Israel's award-winning, food-producing gardens will focus on urban farming methods and sustainable land use. In addition, students will participate in two workshops each week. In the first, leaders of different faith communities will present their faith's teachings on sustainability and food justice. During the afternoon workshops students will learn from experienced urban farmers and environmentalists about land use, sustainability, urban agriculture, local food production and healthy cooking and eating.

Applications are available from [kamii.org/ylsp](http://kamii.org/ylsp), and are due to [socialjustice@kamii.org](mailto:socialjustice@kamii.org) by Friday, June 13. Admission is on a rolling basis and enrollment is limited. Students who complete the program may be eligible for community service credit. Certificates will be awarded upon completion of the program.

**KAM Isaiah Israel**

1100 E. Hyde Park Blvd. | Chicago, IL 60615  
[www.kamii.org](http://www.kamii.org) | [kamii@kamii.org](mailto:kamii@kamii.org) | 773.924.1234

**KAM Isaiah Israel Food Justice and Sustainability  
Young Leadership Summer Program  
Summer 2014 Application Form**

**Check one:**

- July Session (7/6, 7/13, 7/17, 7/24)
- August session (8/3, 8/10, 8/17, 8/24)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Grade You Will Be Entering Fall 2014: \_\_\_\_\_

School You Will Be Attending Fall 2014: \_\_\_\_\_

**Essay:** In the space below, please write a brief (one or two paragraph) essay on your interest in food justice and sustainability and why you would like to participate in this program.

Admission is on a rolling basis and enrollment is limited.

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Authorization, Release and Hold Harmless Agreement**

The participant named above has requested to participate in the Food Justice and Sustainability Young Leadership Summer Program (“the Program”) at KAM Isaiah Israel Congregation in July and August 2014. The participant and his/her parent or guardian named below recognizes that the Program entails necessary travel, participation in classroom activities and workshops and actual hands-on work in food producing gardens. The participant and parent/guardian further recognizes that there are risks attendant to these activities, which may be physically demanding. The participant agrees to use due care for himself/herself and to behave responsibly in participating in the Program. The participant and guardian hereby release KAM Isaiah Israel and its directors, officers, employees, and agents from any and all liability arising from the participant’s travel to, attendance at and participation in the Program.

In case of emergency involving the participant, the participant and parent/guardian understand every effort will be made to contact the parent/guardian at the number listed below. In the event the parent/guardian cannot be reached, permission is hereby granted to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the participant. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Participant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Area code and telephone number (best contact and emergency contact): \_\_\_\_\_

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

Please return this application by email no later than Friday, June 13, to [socialjustice@kamii.org](mailto:socialjustice@kamii.org).