PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

Do you qualify?

You can enter GRUNT in either the 8th or 10th grade. You must be committed to attending each day of the program, and you must be able to get to the meeting locations (8th Grade program - Charles Jordan Community Center; 10th Grade program - Montavilla or Peninsula Park Community Center)

How to apply:

- **Student:** fill out the application
- **Guardian / Mentor:** complete the health form/medical release
- **Other adult mentor:** write a letter of recommendation
- E-mail or mail your application packet to PP&R Environmental Education.

Application Deadlines:

- 8th Grade Program - Applications accepted year round
- 10th Grade Program - Applications due in February of each year.

Contact information:

10th Grade Program:
Kelly Rosteck
503-823-3601 (call)
503-823-6378(text)
kelly.rosteck@portlandoregon.gov

8th Grade Program:
Yoko Silk
503-823-3601 (call)
503-823-6461(call or text)
yoko.silk@portlandoregon.gov

2909 SW 2nd Ave, Portland OR, 97201

GRUNT 2014 Application

Name:_____
First Middle Last

I am applying for the: _____ 8th grade year-round GRUNT Program ***or***
_____ 10th grade spring training for summer jobs

Address:_____

City: _____ State:_____ Zip:_____

Your e-mail: _____Parent/guardian e-mail: _____

Phone (best): _____ Phone (cell) _____

Phone (home): _____ Phone (guardian/parent): _____

What is the best way to get in touch with you? ___email _____ phone ____ mail ____ text

Do you speak a language other than English at home? If so, what language?_____

Date of Birth:_____ Age: ___ Current Grade level:___Anticipated High School Graduation year: _____

T-shirt size: _____ Gender: _____ School: _____

Which of the following organizations or programs do you connect with? Check ALL that apply.

____Free & Reduced Lunch Program
____Office of Youth Violence Prevention
____Volunteers of America
____Catholic Charities
____Lutheran Community Services
____Ecumenical Ministries of Portland
____SAFRN
____NAYA
____IRCO

____Hacienda CDC
____Ortiz Family Center
____Big Brothers, Big Sisters
____MEChA
____Latino Network
____DHS
____SEI
____Charles Jordan Community Center
____Peninsula Park Community Center
____Montavilla Community Center

____Other (_____)
____Other (_____)
____Other (_____)
____Other (_____)
____Other (_____)
____Other (_____)
____Other (_____)

How did you learn about GRUNT (please be as specific as possible)?

_____
_____

Why are you interested in GRUNT?

_____
_____
_____
_____
_____
_____

Please describe any volunteer, leadership or work experience you have had.

_____
_____
_____
_____

Describe your favorite memory of nature or being outside.

_____
_____
_____
_____
_____
_____

What are your future goals?

_____
_____
_____
_____

10th Grade Applicants ONLY:
Graduates are eligible for multiple paid summer jobs:

- Nature Day Camp (teaching children about nature)
- Youth Conservation Crew (YCC - Trails Crew, No Ivy League, Trees Crew or Teen Naturalist Team)

Which job(s) are you most interested in and why?

_____
_____
_____
_____
_____
_____

PORTLAND PARKS & RECREATION
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Recommendation Letter
To be completed by an adult mentor who is NOT a family member

(examples: coach, teacher, employer, mentor, counselor, etc.)

Dear Mentor,

_____***(student's name)*** is applying to be a part of GRUNT (Greenspaces Restoration & Urban Naturalist Team).

GRUNT is…
an environmentally based job skills program for teens. GRUNT participants a significant amount of time outdoors in Portland's parks and natural areas learning about ecology and job skills. The program is equal parts environmental science, job skills training, stewardship and outdoor recreation. All students who complete the 10th grade program are guaranteed paid summer work. After their initial training, students may continue to benefit from networking, job opportunities, outdoor recreation and more until age 22. Many of our program leaders are graduates of the program.

Student Qualifications:
- Age: Students may ***only*** apply in the 8th or 10th grades.
- Commitment: Students must be committed to attending each day of the program.
- Transportation: Students must be able to get to the meeting spot (bus tickets provided if needed):
  8th Grade program - Charles Jordan Community Center
  10th Grade program - Montavilla or Peninsula Park Community Center

Applicant's name:_____

Mentor name:_____ Job Title: _____

Organization or affiliation: _____

Email:_____ Phone:_____

What is the best way to get in touch with you? ____Phone ____Email

What is your relationship with the applicant?_____

How long have you known the applicant?_____

Does the applicant meet the qualifications listed above? _____

May we contact you with any concerns? _____Yes _____ No

We seek a diverse group of teens to create a balanced team. How would you describe the applicant? (Check ALL that apply)

- ☐ Dependable
- ☐ Motivated
- ☐ Curious
- ☐ Problem solver
- ☐ Independent
- ☐ Adventurous
- ☐ Interested in nature/the environment
- ☐ Would work well with children
- ☐ Hard worker
- ☐ Would work well on a team of peers
- ☐ Hands-on learner
- ☐ Bilingual
- ☐ Likely to show up to each session of GRUNT

Please tell us why you think this student would be an excellent candidate for GRUNT

_____ _____

Mentor's Signature Date

PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

Use this form for Teen Environmental Adventures trips and camps, GRUNT and Jr. GRUNT.

School Year 2013-14 Environmental Education Teen Program

Health Form & Medical Release

General Participant Information

Participant's name _____ Date of Birth _____ Age _____

Address _____

City _____ Zip _____

Parent / Guardian Name(s) _____

Parent/ Guardian Phones: ("Best" Phone)_____ (Cell Phone)_____ Texting? Y / N

(Additional Phone)_____ (Additional Phone)_____

Most program correspondence is done by email. Please clearly print an email address you check frequently*

Email _____

☐ Yes! Add my email to the monthly EE Newsletter list so I know what's happening!

☐ No thanks, or I'm already on the mailing list

Ethnicity (Portland Parks & Recreation has begun a new project to find out if we are serving ALL of Portland.)

____ African Immigrant
____ American-Indian / Alaska native
____ Asian
____ Black / African American
____ Hispanic / Latino
____ Native Hawaiin / Pacific Islander
____ Slavic/Eastern European Immigrant
____ White / Caucasion
____ Multi-Racial
____ Other
____ Decline to answer

Is the participant eligible for Free or Reduced Lunch at their school? _____Yes _____ No

Emergency Information

Parent/Guardians will be contacted first, but please give us an alternative contact for emergencies.

Emergency Contact _____ Phone _____

Physician's Name _____ Physician's Phone _____

Year of Most Recent Tetanus Vaccination _____ Insurance Provider_____ Policy #_____

Permission to Participate

My teenager, _____ , has permission to engage in all trip activities, including riding in a city van, and participating in outdoor adventure. I am aware that there are risks in both outdoor adventure and travel in a vehicle.

Medical Treatment Authorization

In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician selected by the trip instructor to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my teenager as named above.

_____ _____

Signature of Parent/Guardian Date

Health Concerns & Medication Information

Allergies

Does the participant have any allergies? _____

Allergic to: _____

Reactions: _____

Diet

Dietary restrictions: _____

Medication

Is your child currently taking medication? Y / N

Medication name_____Dosage_____Reason_____

Medication name_____Dosage_____Reason_____

Does your child have any additional **physical or health** concerns that would be helpful for staff to be aware of? If so, please describe. _____

_____

_____

_____

_____

_____

Does your child have any **behavioral, emotional or intellectual** concerns that would be helpful for staff to be aware of? If so, please describe. _____

_____

_____

_____

_____

_____

****Please include any additional pertinent medical information on a separate sheet of paper****

Activity Information

What is your swimming experience? Check one: ☐ Don't swim ☐ Fair ☐ Good ☐ Excellent

I exercise: ☐ Never ☐ Sometimes ☐ Often ☐ Every day

My general physical condition is: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Height_____Weight_____Shoe size___ Clothing size: Shirt S M L XL Pants S M L XL

Photo Policy:

Photographs will be taken at Environmental Education programs showing youth and staff involved in nature activities. Un-named photos may be used by PP&R for informational and educational purposes. If you see us with our camera, and you wish to not be photographed, please let us know. We will honor your request.

_____ _____

Signature of parent or legal guardian Date

ADVENTURES WITHOUT LIMITS/PORTLAND PARKS & RECREATION
ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM
School year 2013-2014

WARNING: There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events.

Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

In consideration of the acceptance of my application, I, my heirs, executors, administrators and assignees, waive, release and discharge Adventures Without Limits and Portland Parks & Recreation, their officers, directors, trustees, employees, agents, and any other personnel officially connected with all activities that myself or my child may participate in from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I understand that the aforementioned activities involve risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity and that should I become injured, emergency medical treatment from a hospital or physician may be delayed because we are in an area that is remote and many times inaccessible by conventional methods of transportation and care, such as ambulances.

I understand that the Adventures Without Limits and Portland Parks & Recreation first aid kits do not contain any drugs for internal use and that I need to disclose and bring these if I might need them. Additionally, if I have the potential for severe allergic reactions to bee stings, insect bites, poison oak, sunburn, etc. it is my responsibility to inform the trip leader of the allergy in advance, and to bring the proper medication on this trip.

I fully realize the hazards of participation in an outing of this type and voluntarily assume all of the risks associated with such participation. INITIAL: _____

My teenager has the ability to listen to and follow directions presented by program staff and agree to follow all directions from program staff. INITIAL: _____

I assume any medical and emergency expenses in the event of an accident, illness or other incapability that results from participation in this activity. INITIAL: _____

I understand that I may be endangered by other participants in this activity and that some participants in the activity may increase
the inherent risks listed above for themselves and for all others participating in the activity. INITIAL: _____

I accept this increased risk. INITIAL: _____

THIS RELEASE HAS BEEN READ CAREFULLY AND ALL ITS TERMS UNDERSTOOD

_____ _____Age:_____ Date Signed:_____
Participant's Printed Name Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR
(If Participant is UNDER AGE 18 AT TIME OF REGISTRATION parents must also sign below)

_____ _____ _____
Parent/Guardian's Printed Name Parent/Guardian's Signature Today's Date

Relationship to Participant: _____