



# NCO'S CARING KITCHEN PROJECT & LEADERSHIP MENDOCINO GROWING OUR OWN GRANT



WEDNESDAYS 3:15-5:15PM; SEPTEMBER 1<sup>ST</sup>-NOVEMBER 17<sup>TH</sup>  
QUESTIONS: MOLLY ROSENTHAL  
[MROSENTHAL@NCOINC.ORG](mailto:MROSENTHAL@NCOINC.ORG)  
707-409-4149

## TEEN VOLUNTEER APPLICATION—*Due 8/20/21*

Last Name	First Name	Middle Name		
Email address (please print neatly or type)				
Birthday (dd/mm/yyyy – must be 14-18 years old)		Telephone number		
Address: PO Box	Street Address	City	State	Zip Code

Current School: \_\_\_\_\_

Current grade level: \_\_\_\_\_

Favorite subject and why: \_\_\_\_\_

\_\_\_\_\_

### 1) Why do you want to work at NCO's Caring Kitchen Project (check all that apply):

I like to cook

to learn to cook

to learn about healthy foods

to learn to garden

a friend or family member had cancer and would have been helped by getting healing meals from the Caring Kitchen Project

other: \_\_\_\_\_

### 2) Do you have previous experience gardening? (home, school, etc.) If so, describe:

3) What experience do you have cooking? (at home, in a restaurant, or wherever else) Please describe:

4) Do you have reliable transportation to get to the Caring Kitchen Project on days that you're scheduled to volunteer? If so, please describe:

5) Our funders are interested in the ethnicity and income status of teens at the Caring Kitchen Project. Please check any that apply.

- African American       Caucasian       Native American  
 Asian/Pacific Islander       Hispanic/Latino       Other \_\_\_\_\_  
 Myself/My Family receives CalFresh (EBT/food stamps)

6) Please indicate your availability below.

We want all teens to be involved with both the kitchen and the garden at the Caring Kitchen Project. **This program runs every Wednesday from September 1<sup>st</sup> through November 17<sup>th</sup> (12 weeks) from 3:15PM-5:15PM.** Please indicate below any dates you may NOT be available. In order to continue your participation in this program, you are only allowed two absences over the 12-week period.

Away on Vacation/Out of Town \_\_\_\_\_ (dates you're NOT available)

7) Teen Contract with NCO's Caring Kitchen Project:

*Please initial*

\_\_\_\_\_ I understand that my participation in the Caring Kitchen Project is integral to accomplishing the work each week. I agree to fully participate in all aspects of the kitchen and garden work including chopping onions, mopping, washing dishes, cleaning greens, weeding, digging and all the various tasks that may be needed.

\_\_\_\_\_ As a Teen Volunteer at Caring Kitchen, I agree to participate fully in the Caring Kitchen culture which includes working as a team, being open and friendly and inclusive of others, and being fully present and positive on my shift.

\_\_\_\_\_ I agree to let Caring Kitchen Project know at least 48 hours ahead of time if I am not able to attend a scheduled shift.

\_\_\_\_\_ I understand that the third time I do not show up or provide at least 48 hours notice, I will not be allowed to participate in the program.

\_\_\_\_\_ I agree to keep confidential all information about Caring Kitchen Project's clients.

8) I hereby certify that, to the best of my knowledge, everything I have just written in this application is true.

\_\_\_\_\_  
Signature of Applicant (typed is OK if you send this by email)

\_\_\_\_\_  
Date

***Please note: full vaccination against COVID-19 and masks are required to participate this year***

*Please send to:*



scan by email: [mrosenthal@ncoinc.org](mailto:mrosenthal@ncoinc.org)

in person or by snail mail:

*Caring Kitchen Project of NCO  
c/o Molly Rosenthal  
413 North State Street  
Ukiah, CA 95482*



PHOTO RELEASE

As a non-profit social benefit organization the Caring Kitchen Project depends on donations from individuals, businesses, organizations and foundations to support our work. Sharing stories about our programs and their impact is vital to our ability to raise funds. We ask for your partnership in this effort by signing the photo release.

**Video, Photographic, Internet Release Agreement**

The undersigned enters into this agreement with the Caring Kitchen Project. I have been informed and understand that the Caring Kitchen Project may wish to use my own and/or my child's first name, likeness, and speech in its printed and/ or electronic communication materials (brochures, videos, website, social media, etc.)

I grant the Caring Kitchen Project and its designees the right to use such images and information. This grant includes the right to edit, mix, or duplicate and to use or re-use the images in whole or in part and in any manner as the Caring Kitchen Project in its sole discretion may elect. The Caring Kitchen Project or its designee shall have complete ownership of the images and any printed material, video programs, web content (i.e. material accessible over the internet) in which the images may appear.

I also grant the right to broadcast, exhibit, and otherwise distribute images as well as printed materials, video programs and/or web content in either whole or in part, and either alone or with other products.

I confirm that I have the right to enter into this Agreement; that I am not restricted by any other commitments to third parties; and that the Caring Kitchen Project has no financial commitment or obligations to me as a result of this agreement.

I hereby give clearances, copyright and otherwise, for the use of such images, and I expressly release the Caring Kitchen Project and its officers, employees, agents and designees from any and all claims known or unknown arising in any way connected with the above uses and representations.

The rights granted the Caring Kitchen Project herein are perpetual. I hereby acknowledge receipt of reasonable and fair consideration.

Yes, I **will** allow any photos or videos of myself or child to be used as described above.

No, I **will not** allow any photos or videos of myself or child to be used as described above.

Today's Date: \_\_\_\_\_

Please **PRINT Name of Participant**

\_\_\_\_\_  
Please **SIGN Name** [parent or guardian if participant is a minor]

\_\_\_\_\_  
Please **PRINT Individual/Parent(s) or Guardian(s) Name(s)**