

# Planting Fields Foundation's Youth Leaders Application



PLANTING FIELDS

**March 1, 2025**

Dear Prospective Leader,

Planting Fields Foundation is offering a four-week summer program for high school students that will complete either their freshman, sophomore or junior year by June 2025. Planting Fields Foundation's Youth Leaders program is a prestigious and highly selective opportunity designed to engage and empower **five** exceptional high school students with hands-on experience in various aspects of historic preservation, education, environmental stewardship, and community engagement.

This volunteer program will run **Monday, July 14, 2025 through Friday, August 8, 2025** from **10am to 3pm each day**. During this time, leaders will complete 100 hours of volunteer service. Upon successful completion of the program, leaders will be awarded a volunteer service award, which sets you apart in your future academic and career pursuits. Youth Leaders will receive all relevant information, training, and schedules on the first day of the program.

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## **Planting Fields Foundation will make student selections based on the following criteria:**

### Residency

- Must reside in Nassau or Suffolk County

### Grade Level

- Must be completing 9th, 10th, or 11th grade by June 2025

### Commitment

- Must be able to attend the full program schedule (Monday, July 14 – Friday, August 8, from 10am - 3pm each day)

### Application Completion

- Submission of a fully completed application, including all required information and essay responses.
- One reference (teacher, counselor, mentor, or supervisor).
- Parent/guardian permission required upon acceptance.

### Interest & Enthusiasm: Demonstrated interest in one or more program areas:

- Historic Preservation & Archival Research
- Education & Public Engagement
- Environmental Conservation & Sustainability
- Community Service & Leadership

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Completed applications are due no later than **May 1, 2025**, via Microsoft Forms or emailed to Education Manager, Erin Fitzpatrick. Completed application packets can be scanned and emailed to [efitzpatrick@plantingfields.org](mailto:efitzpatrick@plantingfields.org) with the subject line: *2025 Youth Leaders Application*.

Incomplete applications will not be considered. Please note that this application and/or program may be subject to change.

## Section 1: Basic Information

1. Full Name: \_\_\_\_\_
2. Date of Birth (MM/DD/YYYY): \_\_\_\_\_
3. Grade Level (Must have completed Freshman, Sophomore, or Junior year in High School by June 2025):
  - Freshman
  - Sophomore
  - Junior
4. School Name: \_\_\_\_\_
5. Email Address: \_\_\_\_\_

**All communication, including acceptance notifications, will be sent via email.  
Please provide an email you check regularly.**

## Section 2: Parent/Guardian Contact Information

If accepted into the Planting Fields Youth Leaders Program, participants under the age of 18 will be **required** to submit a signed Parent/Guardian Permission Form before beginning the program. This form will be provided with the acceptance notification and must be completed to confirm participation.

6. Parent/Guardian Name: \_\_\_\_\_
7. Parent/Guardian Address: \_\_\_\_\_
8. Parent/Guardian Cell Phone: \_\_\_\_\_
9. Relationship to Applicant: \_\_\_\_\_

## Section 3: Program Commitment

10. Are you available to attend the full program from July 14 – August 8, 2025 (Monday–Friday, 10 AM–3 PM)?
  - Yes
  - No
11. Can you commit to completing the 100 service hours required for the program?
  - Yes
  - No







17. Describe leadership traits you consider important and how these attributes relate to conservation, stewardship, preservation, and interpretation. (Up to 250 words)

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### Section 5: Reference Information

Please provide the contact information for a teacher, mentor, supervisor, or other non-family member who can speak to your character, work ethic, and suitability for this program.

We may contact this person as part of the selection process.

18. Reference Name: \_\_\_\_\_

19. Relationship to Applicant: \_\_\_\_\_

20. Email Address: \_\_\_\_\_

## Section 6: Medical/Emergency Contact Information

21. Student Name (First and Last): \_\_\_\_\_
22. Emergency Contact Name: \_\_\_\_\_
23. Emergency Contact Phone Number: \_\_\_\_\_
24. Emergency Contact Address: \_\_\_\_\_
25. Emergency Contact Relation to Student: \_\_\_\_\_
26. Does the student have any existing medical conditions we should know about?
- Yes
  - No

27. If yes, please explain:

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## Section 7: Final Submission

28. How did you hear about this program?

- School
- Social Media
- Word of Mouth
- Website
- Newsletter
- Other: \_\_\_\_\_

29. I confirm that all information provided is accurate, and I commit to fulfilling the responsibilities of the program if selected.  **Yes**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_