

# TALON APPLICATION 2018

Teach ~ Advocate ~ Lead ~ Observe ~ Nurture

TALON is an Audubon Society of Portland paid training and employment program for young adults that fosters careers in conservation, communications, and environmental education.

We are seeking young adults who:

- Are between 16-20 years old with an emerging or an existing/demonstrated interest in community science, wildlife care, communications, trail building or environmental education.
- Are from low-income, diverse ethnic backgrounds and/or life experiences in Portland, West Gresham, and North Clackamas.
- Are eligible to work in the United States.



Application deadline is **February 12<sup>th</sup>, 2018**. Applications must include completed **application form and Teacher/Mentor reference form** (pages 3-7 of this document).

\*Finalist interviews will be held on a Saturday, March 10<sup>th</sup>, 2018 at Leach Botanical Garden.\*

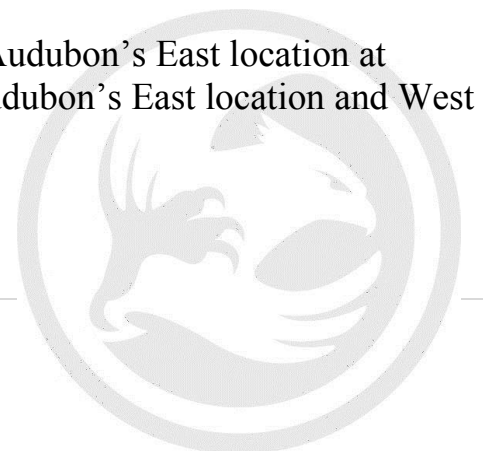
If accepted into the program, you will be placed in an apprenticeship in wildlife care, communications, camps, trails, or community science. Please indicate your top three choices in your application.

**Training Period:** Saturdays from April 7 – June 9<sup>th</sup>, 2018 @ ~10am-4pm

**Apprenticeship Period:** June 18-August 31, 2018, ~40 hours/week for 10 weeks.

**Compensation:** \$12/hr up to 40 hrs/week during apprenticeship; \$500 stipend upon completion of 9/10 Saturday training days. Participants must attend 9/10 Saturday training days in order to be placed into an apprenticeship.

**Location:** TALON training days will be based out of Portland Audubon's East location at Leach Botanical Garden. Apprenticeships will operate out of Audubon's East location and West location in Northwest Portland.



Please keep pages 1-2 for your records. Send in pages 3-7 in order to apply for the TALON program by February 12<sup>th</sup>, 2018.



# TALON APPLICATION 2018

Teach ✦ Advocate ✦ Lead ✦ Observe ✦ Nurture

Please print neatly and fill out completely. Incomplete or late applications will not be considered.

Full Name \_\_\_\_\_ Alternate name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Your email \_\_\_\_\_ Home phone # \_\_\_\_\_

Personal cell phone # \_\_\_\_\_ Do you accept text messages at this number?  Yes  No

What is the best way of getting into contact with you (check all that apply)?  email  text  mail  phone  Facebook

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ What gender pronoun do you use?  she  he  they

Name of legal guardian \_\_\_\_\_ Name of 2<sup>nd</sup> legal guardian \_\_\_\_\_

Guardian contact phone # \_\_\_\_\_ 2<sup>nd</sup> Guardian contact phone # \_\_\_\_\_

Guardian email \_\_\_\_\_ 2<sup>nd</sup> Guardian email \_\_\_\_\_

Are you attending school?  Yes  No Have you earned a GED or Diploma?  Yes  No

Current school name and year \_\_\_\_\_ Qualify for free and reduced lunch?  Yes  No

Do you speak a language other than English at home?  Yes. If yes, which language? \_\_\_\_\_  No

How many people do you have in your household? \_\_\_\_\_ # of adults \_\_\_\_\_ # of children

What is your total household income?

\$0 – 10,000  \$10,001 – \$20,000  \$20,001 – \$40,000  \$40,000 – \$60,000  \$60,001 – \$80,000  \$80,001+

What is your racial/ethnic identity? Check all that apply (optional).

Black/African American  Native American  Hispanic/Latino  
 African  Pacific Islander  Other \_\_\_\_\_  
 Caucasian  Asian

Are you involved with any organizations or programs? Check all that apply.

NAYA  New Avenues for Youth  SEI  Outdoor School  
 Outside In  APANO  Latino Network  SE Works  
 Human Solutions  Hacienda CDC  Rosewood Initiative  Big Brothers Big Sisters  
 IRCO  POIC  Betties 360  Oregon Zoo  
 ROSE CDC  Ground Work: Green Team  Portland Parks and Rec  Future Connect

Please fill out and sign the following safety information. If you're under 18, please have your guardians fill out and sign the appropriate lines.

(continued on next page)



Are there any **health concerns** we should consider when planning your minor's participation? (Casts, Asthma, Allergies, etc...) List medications, when taken, and purpose: Attach separate page if necessary.

Describe any **behavior concerns** that should be considered for group learning (ADD, hyperactive, etc.)

Describe any **dietary restrictions** that your teen might have (no pork, food allergens, vegetarian, etc.)

**Medications:**

We will ask you to fill out a "Medical Release Form" for any medications that need to be administered during the duration of your minor's participation in an Audubon program. We have the following medications on-site and in our first aid kits which are used to manage injury or illness.

**Please check the medications that your teen cannot be given.**

- Ibuprofen (Advil, etc.)
- Acetaminophen (Tylenol, etc.)
- Oral antihistamine (Benadryl/Zyrtec)

**Emergency Numbers** (if guardians can't be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for Audubon Society of Portland staff to provide first aid for the minor named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to Good Samaritan Hospital or the nearest medical facility. I agree to indemnify and hold Audubon Society of Portland, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Photo/Video Release**

I give the Audubon Society of Portland the right and unrestricted permission to copyright and/or use and/or publish (1) the image or likeness on videotape, and (2) photographic pictures of the individual named on this form, including but not limited to, the promotion of the Audubon Society of Portland and its programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned parent or guardian of the minor named below hereby acknowledges their minor's interest in participation in the TALON program and agrees to waive all claims and release and discharge Audubon Society of Portland, their board of director, general managers, and employees from any and all liability or demands that may arise in connection with 1) any accident, illness, injury or other consequence or event arising from or related to participation in the TALON program 2) any cause beyond control of the organizers, including but not limited to natural disasters. In consideration of voluntarily participating in the program, I hereby assume all such risks and all other risks associated with the program, whether or not specific in this waiver and release, and understand that the organizers are not a guarantor of my safety. I acknowledge that there is no workers' compensation coverage available to the minor for the program they perform.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## TALON SUPPLEMENTAL QUESTIONS

\*Please answer questions as completely as possible. If you need more space, please attach additional sheets of paper.\*

1. Please indicate your top 3 apprenticeships. If you are interested in all of the apprenticeships, please indicate that as well.

- |   |  |
|---|--|
| <input type="checkbox"/> Environmental education (camps)              | <input type="checkbox"/> Community Science (monitoring, field data and analysis) |
| <input type="checkbox"/> Wildlife Care Center (animal rehabilitation) | <input type="checkbox"/> Sanctuaries (trail building and maintenance)            |
| <input type="checkbox"/> Communications (social media, photography)   |  |

Why are you interested in the selected apprenticeships? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why are you interested in becoming a TALON member? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe your interest and/or experience in the natural world. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What do you hope to gain from TALON? \_\_\_\_\_

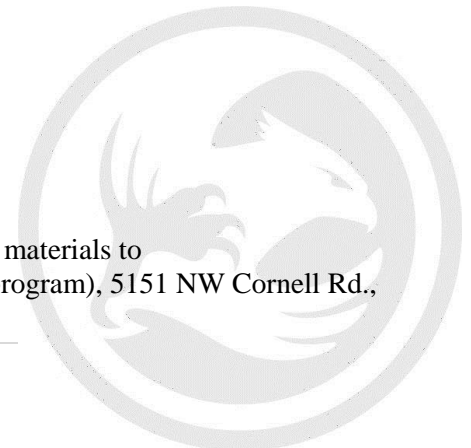
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What else would you like to share about yourself that is important to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be completed and sent in by **February 12<sup>th</sup>, 2018**. Email all application materials to [yhan@audubonportland.org](mailto:yhan@audubonportland.org) or mail to Audubon Society of Portland (ATTN: TALON program), 5151 NW Cornell Rd., Portland, OR 97210.



# TALON RECOMMENDATION FORM 2018

(To be filled out by a **teacher or mentor**)

Attention applicant: this form must be filled out by a **teacher or a mentor**. This form must be completed and sent in by **February 12<sup>th</sup>, 2018**. Email all application materials to [yhan@audubonportland.org](mailto:yhan@audubonportland.org) or mail to Audubon Society of Portland (ATTN: TALON program), 5151 NW Cornell Rd., Portland, OR 97210.

Applicant's name \_\_\_\_\_

Mentor/Teacher's name \_\_\_\_\_ Organization/Affiliation \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How would you describe the applicant? Check all that apply.

- |  |                                      |   |   |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Motivated         | <input type="checkbox"/> Confident   | <input type="checkbox"/> Quiet                            | <input type="checkbox"/> Independent      |
| <input type="checkbox"/> Problem solver    | <input type="checkbox"/> Empathetic  | <input type="checkbox"/> Respectful                       | <input type="checkbox"/> Hands-on learner |
| <input type="checkbox"/> Outgoing          | <input type="checkbox"/> Creative    | <input type="checkbox"/> Energetic                        | <input type="checkbox"/> Good listener    |
| <input type="checkbox"/> Reliable          | <input type="checkbox"/> Introverted | <input type="checkbox"/> Mature                           | <input type="checkbox"/> Flexible         |
| <input type="checkbox"/> Good communicator | <input type="checkbox"/> Persistent  | <input type="checkbox"/> Needs opportunity and mentorship |   |

Additional comments on your experience/observations of the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rate the applicant to the best of your knowledge (1= needs improvement, 5= excellent):

|   | Rating | Comments |
|---|--------|----------|
| Enthusiasm  |        |          |
| Dedication  |        |          |
| Flexibility   |        |          |
| Leadership  |        |          |
| Emerging or established interest in the environment |        |          |
| Reliability   |        |          |

Why do you think this person would be an excellent candidate for TALON? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please describe how this applicant has demonstrated an interest in the environment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact you with questions or concerns?  Yes  No

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

