# TEENS GROW GREENS TEAM MEMBER JOB DESCRIPTION

Teens Grow Greens Team Members will work 7 to 30 hours per week for 9 months as part of a team to foster the growth of healthy, productive leaders. Team Members will attend every session starting February 4, 2020 and graduating November 3, 2020. We encourage participants to utilize the program as a resource for positive changes they want to make in their lives beyond this job. **This internship combines work and education. Applicants should expect to do both physical labor and mental work that will amount to personal growth and a positive impact upon the community.**

**Schedule School Year**

Every Monday and Wednesday from 4:30 pm to 6:30 pm

Saturdays 9-12 pm

**Summer** Every Monday and Wednesday from 4:30 pm to 6:30 pm

Tuesdays 9 – 2 pm

Fridays 9 – 2 pm

Saturdays 9 – 2 pm

**Location** Teens Grow Greens will rotate between the following sites – Weber’s Greenhouse located at 4215 N. Green Bay Rd., Journey House (2110 W. Scott Street)

**Pay** Applicants accepted into the program will earn a wage of $7.25 per hour. After the first month of employment, employees that demonstrate the Principles and Policies of Teens Grow Greens may earn a raise to $8.50 per hour.

**Qualifications** Applicants must be **high school students** and must complete the entire application, including the attached **eligibility worksheet** and **references.**

**COMMITMENTS**

1. **Responsibility**Team members will arrive to work on time and ready to work in body and mind. If you cannot be at work on time, you need to let the Educators know ahead of time.
2. **Respect**  
   Team members will work as a group with other youth and adults. Team members are expected to treat the program and its participants with respect.

**Applications are due no later than Friday, December 20, 2019.** Completed applications can be emailed back to Teensgrowgreens@gmail.com

Or mailed to

Teens Grow Greens

322 E. Michigan St. Suite 204

Milwaukee, WI 53202

**Please do not contact us to check on the status of your application. Interview candidates will be notified by Monday, January 6, 2020.**

# Team Member Application

|  |  |
| --- | --- |
| Date: |  |
| First Name: | Last Name: |
| Street Address: | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_ |
| Home Phone (\_\_\_) | Cell Phone (\_\_\_) |
| Email: | Grade: |
| School: |  |

How did you find out about Teens Grow Greens?

* Website/Internet
* Social Media
* Referral Graduate or Parent
* School Visit
* Other:

Why do you want to work at Teens Grow Greens? (check all that apply)

|  |  |  |
| --- | --- | --- |
| * Want to learn about gardening/farming | * Something to do after school | * Interested in the environment |
| * Want to work with other youth | * Want to work on a team | * Interested in the farmers market |
| * Want to work in customer service * Other (please list): | * Want to learn job skills | * Want to earn money |

Have you ever had a job before or been in an internship or training program? **•** Yes **•** No

If yes, where and for how long (list all)?

What did you do at that job?

Tell us about your previous gardening/landscaping/farming experience (if any):

Have you had experience in any of the following?

|  |  |  |
| --- | --- | --- |
| * Mowing Lawns | * Customer service | * Job skills training |
| * Landscaping | * Volunteering | * Being part of a team |
| * Planting or weeding vegetables/flowers | * Doing a group project at school or in your community | * Other relevant experience (please specify):\_\_\_\_\_\_\_\_\_\_\_ |

**Answer all of the following questions:**

What are your personal strengths?

What challenges do you face in school, work and/or home?

What strengths do you see in your community?

What challenges and/or needs do you see in your community and what are you doing to make it better?

Can you think of any reasons why you would not be able to complete the entire 9 month program?

What is your transportation plan for getting to work each day?

What are your long-term goals?

What are your short-term goals?

What are you doing to work toward those goals?

How will participating in TGG help you reach your long and short-term goals?

Why are you interested in being a part of TGG?

**TEENS GROW GREENS**

Eligibility Screening Worksheet

**Name**   **Date**

Teens Grow Greens is a skill-building employment program for high school students who live in Milwaukee. Teens Grow Greens must assess the needs and strengths of the participants to determine if they are eligible for our program. Please be as honest and detailed as possible.

Are you currently enrolled in school? □ Yes □ No If yes, what school?

Are you missing any credits and/or behind in school? □ Yes □No

If yes, why?

What class do you enjoy the most in school?

Who do you currently live with?

How many people live in your home?

Are you authorized to work lawfully in the United States?

**TEENS GROW GREENS**

Reference Sheet

**Have a Guardian or Family Member answer the questions below.**

|  |  |
| --- | --- |
| Date: | Occupation: |
| First Name: | Last Name: |
| Street Address: | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_ Zip |
| Home Phone (\_\_\_) | Cell Phone (\_\_\_) |
| Email: |  |
|  |  |

What is your relationship to the applicant?

Why would the applicant benefit from skill-building employment?

What are the strengths of this applicant?

What does the applicant need to work upon?

**Questions continued on back**

**If this applicant is hired, would you pledge to commit to attend at least 4 of the following events? (check the ones you are interested in)**

|  |  |  |
| --- | --- | --- |
| * Initiation Dinner | * Planting at Fred’s Garden | * Farmer’s Markets |
| * Healthy cook-off | * Community Service day | * Teens Grow Greens Graduation |
|  |  |  |

**Signature of Guardian/Family Member Date**

**TEENS GROW GREENS**

Reference Sheet

**Have a Teacher or Mentor answer the questions below.**

|  |  |
| --- | --- |
| Date: | Occupation: |
| First Name: | Last Name: |
| Street Address: | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_ Zip |
| Home Phone (\_\_\_) | Cell Phone (\_\_\_) |
| Email: |  |
|  |  |

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|  |  |  |

**Signature of Teacher/Mentor Date**