



# Participant Application

This application is for any interested individual that wishes to participate in our 2017 Spring/Summer/Fall and Winter Programs

# Letter from the Director

Dear families and supporters,

Welcome to another exciting year at Legacy Farms! We are in our 3<sup>rd</sup> year here at Temple Hall Farm Regional Park, in Leesburg, VA. This year we have added a full year of vocational and day support services, including 4-seasonal programs and 2 workshops. Our greenhouse will provide opportunities to learn new skills and our Fall Program focuses a portion of its curriculum on event planning, setup and operations. We are also preparing a workshop



based on job seeking skills improvement such as filling out an application and how to handle themselves during common workplace interactions. The hope is to take our students on a journey; Destination- Long-term Competitive Employment in the local agribusiness and agritourism industry or working in an agrihood!

Here's a brief outline of the programs we seek to provide this upcoming year:

- **Spring Workshop:** Legacy Farms seeks to inspire those who are transitioning from high school into the working world to take an interest in agriculture and the many careers that fall under that category. This April, we will offer a week-long workshop that takes place during Loudoun/Fairfax Counties Spring Break to introduce those interested to the world of farming and all that comes with it.
- **Spring Program:** This 4-week program immediately following the April workshop will work with students to learn and participate in the transplanting of the seedlings we grow in the green house into the Summer Garden.
- **The Summer Garden Project:** The Summer Garden Program is in its third year of operations. This 10-week program is designed to generalize the students to the farm environment by teaching them what tools and resources are available on a farm and how to use them while gaining a greater understanding of the different types of plants and planting methods used in a garden/farm. Adults with autism will learn job and interpersonal, relationship-building skills through hands-on vocational training that is customized to support each participant's abilities, current skills, goals and needs.
- **Fall Program:** The Fall Program is a continuation of The Summer Garden Program with additional learnings focused on event planning, setup and operation. Agritourism is a growing business in Loudoun County which includes the many events held at the local vineyards and breweries, along with The Farm Fall Festivals that happen throughout October. As Legacy Farms prepares for our own Fall Festival, students will gain

firsthand knowledge of what goes into preparing for such an event and take part in its planning and success.

- **Job Seeking Skills Workshop:** Developing valuable job skills is essential to long-term employment in any industry, but unless you have a job those skills are worthless. Our Job Seeking Skills Workshops are designed to teach our students how to find a job with assistance at a level required by the individual's specific needs and how to apply these strategies to get a job in the future.
- **Winter Program:** This course will basically "bring it all together" and encourage students to use all skills developed over the year to grow mini-poinsettias, plan and fundraiser and sell them to raise money for 2018 seeds and tools.



We will also provide other day programs and activities to offer an environment for our participants to learn, grow, and enjoy the therapeutic qualities of social gardening.

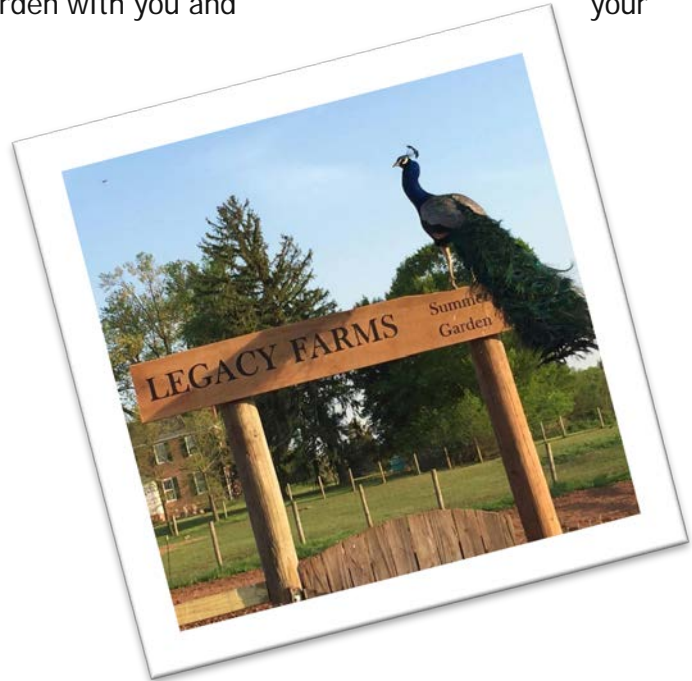
This year, Legacy Farms is set to begin adding staff throughout the year, upgrade our volunteer program and increase fundraising efforts to ensure we are providing the best programs and services to ALL our students. We are offering our programs free to those in need, but are asking for a donation to meet cover staff and operational costs. If you can't make the donation, you are still eligible for the program, and we completely understand how the system works. We want to meet the greater needs of the community and to do so, we feel a free program is the best route. Feel free to reach out to me or Pui at [info@legacyfarmsvirginia.org](mailto:info@legacyfarmsvirginia.org) for any questions regarding this policy.

We look forward to sharing our adapted garden with you and your family!

your

Best,

Patrick Cox  
Interim Executive Director



## Introduction

Take a moment to gather your thoughts before chomping into this application.

There are many aspects of your adult child's personality that you should try to highlight into their application. We want to read your content and have a complete understanding of whom we will be working.

Please proofread your work.

Please be honest with us and with yourself.

This is our second year providing vocational training to adults with autism and other developmental and social challenges and we seek to provide the best teaching environment we can. We understand working with individuals with disabilities means we should be ready for anything; however, we don't want any surprises either.

Before you begin, please understand that every application will be fairly and objectively reviewed. It is also worth noting that only 15 applicants will be able to participate each program.

A potential participant must:

- be a post-secondary (finished their high school education) adult (at least 18 years old), or be accompanied by a legal guardian or supervisor;
- have a developmental disability and/or social challenges with interacting with people in society or engaging in normal social behaviors;
- have access to reliable transportation to and from sites;

- be able to eat independently;
- be able to use the toilet independently;
- be mobile and able to orient or walk from place to place;
- not be physically or emotionally harmful to themselves or others;
- be able to follow two step directions with minimal support; and
- be able to contribute something to the Legacy Farms Community.

Each participant and family/guardian(s) will be required to fill out an application and participate in an interview process with Legacy Farms Support Staff. Decisions for inviting individuals to initially join the Legacy Farms Community will be based on the potential member meeting the entrance requirements listed above, the assessment by Legacy Farms Support Staff and what the student is looking to get out of the programs.

## Participant information

First name		Last name	
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phone number		e-mail address	
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street		city		State		zip code	
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date of Birth		age		gender	
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## Parent 1 information

First name		Last Name	
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phone number		e-mail address	
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<input type="checkbox"/>	Mark here if address of parent or guardian is the same as address given above
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street		city		state		zip code	
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Parent 2 information

First name		Last name	
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phone number		e-mail address	
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<input type="checkbox"/>	Mark here if address of parent or guardian is the same as address given above
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street		city		state		zip code	
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High school enrollment

High school		city		grade as of 01/15	
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High school guidance counselor		GPA as of 12/15	
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## Extracurricular activities

Many of our participants have been involved with the community, other organizations, and been employed. Please give us a little background information regarding these activities

activity		activity supervisor		school years		hours/wk. week/yr.	
position/honors/description							

activity		activity supervisor		school years		hours/wk week/yr	
position/honors/description							

activity		activity supervisor		school years		hours/wk week/yr	
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position/honors/description	
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activity		activity supervisor		school years		hours/wk week/yr	
position/honors/description							

activity		activity supervisor		school years		hours/wk week/yr	
position/honors/description							

## Section 1: personal statement

1.1 Each applicant has a background or story that is so central to their identity that they believe their application will be incomplete without it. Please share your story. (Max 800 words)

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1.2 After learning about Legacy Farms 2015 Summer Garden Project, what inspired you to participate?

(Max 800 words)

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## Section 2: Specific Criteria

2.1 Can the participant understand 2 step directions?

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2.2 Is the participant mobile and able to orientate and/or walk from place to place?

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2.3 Is the participant able to use the toilet independently?

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2.4 Is the participant physically harmful to themselves or others?

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## letters of recommendations

From each applicant, we request one letter of recommendation from an adult that know you well. The letters of recommendation may be from any adult individual that can tell our team about your character, skills, and growth.

Please inform the authors of your letters to submit their recommendations to our selection committee at [info@legacyfarmsvirginia.org](mailto:info@legacyfarmsvirginia.org) participants will receive confirmation when letters are submitted.

# Emergency and Medical Information

I, \_\_\_\_\_, hereby grant Legacy Farms Virginia (Service Provider), of PO Box 4499, Leesburg, Virginia 20176, the authority to obtain medical treatment for the following individual:

**Name of Individual:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_

The above service provider is authorized to:

**- obtain medical treatment and procedures for the individual(s) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health service providers.**

This grant of temporary authority shall begin on January 01, 2017, and shall remain effective until terminated by the undersigned.

In case of an emergency, the service provider should first try to contact the parent/guardian. If the parent(s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

**Emergency Contact (1):** \_\_\_\_\_  
**Relationship to applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_  
**Preferred Phone Number:** \_\_\_\_\_  
**Alternate Phone Number:** \_\_\_\_\_

**Emergency Contact (2):** \_\_\_\_\_  
**Relationship to applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_  
**Preferred Phone Number:** \_\_\_\_\_  
**Alternate Phone Number:** \_\_\_\_\_

If the individual(s) become ill, the service provider will first try to contact the parent(s). If the parent(s) cannot be reached, the service provider should contact the following physician:

**Name of Physician:** \_\_\_\_\_  
**Address:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

If the individual need hospitalization, the preferred choice is:

**Hospital preference:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

**When was your most recent tetanus shot?** \_\_\_\_\_

**Please list all allergies the individual has and allergy plan (i.e. Epinephrine shot)**

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**Any other medical information we should know such as “Seizure Plan”?**

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**Are there any specific needs/habits we should be aware of (such as a fear of birds or triggers)?**

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The service provider may provide the physician and other health care providers with the following health insurance information:

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Parent or Guardian Sign:** \_\_\_\_\_

**Parent Address:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

## Parent/guardian signature form

Participants that submit this document must also have a parent/guardian accept the terms and conditions using this form. We also ask that you provide us with any specific behavior plan with application, so we may provide the best experience possible.

Please place an "X" to specify whether you would like to participate in our morning \_\_\_\_\_, afternoon \_\_\_\_\_ or both courses\_\_\_\_\_.

Does the individual applying have guardianship over themselves? \_\_\_\_\_  
If not, who does provide guardianship?

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

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

**If Applicant has guardianship over themselves, have applicant sign below:**

Sign		Print	
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The following highlights of the 2017 Seasonal Sessions participant application is provided for parent/guardian convenience only:

- *With this application, applicants and parent(s)/guardian(s) will begin a process of review.*
- *Information on status and interview schedules will be processed via e-mail.*
- *By checking the box below, I indicate that I have read, understand, and accept the conditions associated with the application process for participation. I further understand that selected applicants will be required to submit all necessary paperwork (provided when selected) and Behavior Plan to participate for the full schedule of the 2017 Seasonal Sessions.*
- *Please provide a recent photograph of the applicant for our records.*

I certify that this application was completed by me and that all entries on it and all information contained in is CORRECT and COMPLETE to the best of my knowledge. in the event of selection, I understand that false, misleading, or omitted information given in my application (or during interviews) may harm my potential as participant.

The undersigned, hereby, states and agrees as follows: Legacy Farms Virginia has my permission to include photographic images of me/my child in print, and/or computer-based materials designed to be used in informational publications. I understand that the images may be distributed in a variety of settings, such as reports, marketing material and presentations. Images may also be included in the Legacy Farms Virginia website and thus be available to the public.

I understand that this application is not a contract and that any resulting project relationship is for no fixed period and is terminable at any time and for any reason by Legacy Farms Virginia. I further understand that statements which may be contained in policies, practices, handbooks, or other Legacy Farms material do not create any guarantee of project selection and that Legacy Farms has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Legacy Farms, other than a corporate officer, has the authority to enter any agreement for any specific period or to make any agreement contrary to the foregoing and that any such agreement must be in writing, signed by an authorized officer, and be specifically for project selection, to be binding on Legacy Farms.

By checking the box below, I indicate (as parent/guardian) that I have read, understand, and accept the conditions associated with the application process for participation. I further understand that selected applicants will be required to submit all necessary paperwork (provided when selected) and plan to participate for the full schedule of camp startup.

date	
Gaurdian name	signature

Place an "x" in the box to the left to certify that all information provided above is CORRECT, COMPLETE, and ready for review by Legacy Farms Virginia.