Application Packet

Welcome to Build Trybe

Build Trybe is a mentorship community that builds health; and independence and empowers youth with employable skills. It is a bridge connecting youth to opportunity. Our team of trade experts and community partners introduce and connect youth to three skill-based career paths:

Culinary

1. Initial culinary training through Build Trybe.
2. Advanced culinary training with Nourish KC.
3. Connection to jobs through a network of chefs and restaurants with entry level jobs.

Building Trades

1. Initial building trades training through Build Trybe.
2. Advanced building trades training through Build Trybe Maker Village.
3. Connection to jobs and additional trainings through a network of building trade companies.

Horticulture

1. Initial landscape and horticulture training at Cornerstones of Care urban farms and with our community partners: Cultivate KC, KC Farm School, and BoysGrow.
2. Advanced landscape and horticulture training with community partners and Heartland Conservation Alliance.
3. Connection to jobs and additional trainings through a network of landscaping companies.

Build +

create, grow, shape, improve

Try +

attempt your best, engage and explore

Be +

become, evolve

Trybe

village, community, us

Behavior Expectation Guide:

This guide is to be used while on-site at Cornerstones of Care and Learning Sites:

By signing below, I agree that I have read, understand, and will follow these guidelines while working with my instructor(s) and my peers.

I will:

Be present.

Be on time.

Follow Golden Rule: I will treat others the way I would like to be treated.

Work safely.

Wear any necessary PPE (Personal Protective Equipment) required for the specific job being done.

Ask for help if I need it.

If I see something happening that looks unsafe, ask an instructor or my peers about it.

Do the best I can.

Applicant Full Name: _____

Applicant Signature: _____

Today's Date: _____

Build Trybe Attendance Policy

Excused Absences include:

If Participating Youth:

-Has requested time off and this has been approved by Build Trybe staff.
(24 hour minimum notice for time off approvals.)

-Has a doctor's visit.

-Is ill and is has guardian approval. Gave advanced heads up to the best of their ability.

Unexcused Absences include:

If Participating Youth:

-Does not inform instructor of absence. (No call/ no show)

-Is absent from programming and this absence has not been approved by Cornerstones of Care staff.

If an unexcused absence occurs participating youth will be notified through email and / or will sign a form acknowledging the absence.

An in programming can have no more than 3 unexcused absences within a 30 day period. If 3 unexcused absences occur in 30 days or less, the participating youth will be discharge from Build Trybe programming. If discharged from programming, the participating youth may re-apply for programming after a 2 week period. Program re-entry will be subject to instructor's final decision.

By signing, I agree to follow the attendance policy stated above while in Build Trybe programming.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Build Trybe Compensation

Build Trybe Applicant
Interview with hiring Instructor
All application documents signed
2 successful trial work sessions

Build Trybe
First 3 months or until promotion
Demonstrate strong work ethic
Demonstrate appropriate workplace behavior
Demonstrate proper work safety
Receive Build Trybe bandanna
$11.15/Hour

Build Trybe Lead
Lead task assignments
Help and teach new applicants
Help encourage good work ethic and appropriate behavior
$11.15/ Hour

Build Trybe Youth Application 2022

Participant's Name: _____

Programs of Interest (check all that apply):

Building Trades ◯ Culinary ◯ Landscape and Horticulture ◯

Physical Address:

_____

City/ State/ Zip: _____

Phone: (_____) _____ (home) (_____) _____ (cell)

Email Address: _____

Gender:_____

Preferred pronouns:_____

Date of Birth (mm/ dd/ yyyy): _____

Does participant have a high school diploma? Yes _____ No

Name and location of High School Attended:_____

Does participant have a GED HI-SET? Yes _____ No _____

Month and year of Graduation or equivalent completion:

Work History:

Is participant currently employed? Yes _____ No _____

If so name and location of current employment: _____

Medical Information:

Known allergies: _____

Hospital preference:_____

Is participant on any medications? Yes _____ No _____

If so, what kind? _____

Name of Emergency Contact: _____

Emergency Contact's primary phone number: _____

Relationship to Participant:

Cell _____ Work _____ Home _____

I certify that the facts set forth in this application are true and complete to the best of my knowledge.

Data Release:

The participating youth or their legal guardian, as applicable, gives its consent and release to enter data concerning participating youth's attendance, performance, and participation in any and all performance measurements for grant purposes and Build Trybe Program purposes. The information gathered is strictly for grant and program purposes. Additionally, any data used for the purpose of grant and programming purposes will adhere to HIPAA Privacy Rule and compliance.

Consent to Medical Treatment

The participating youth or their guardian, as applicable, gives consent and authority to Cornerstones of Care to transport and seek medical care for participating youth in case of an accident or medical emergency. The participating youth or their guardian, as applicable, authorizes an attending physician or other medical care provider to perform diagnostic procedures and any necessary emergency care for the participating youth. The participating youth or their guardian, as applicable, agrees to be fully responsible for all costs of such transport and treatment.

Release of Liability

In consideration for the participating youth being permitted to participate in the Program, the participating youth for themselves, and on behalf of their personal representatives, heirs, executors, administrators, next of kin and anyone claiming by or through any of them (collectively, "Releasing Parties"), does knowingly and voluntarily waive, release and forever discharge, and agree to hold harmless Cornerstones of Care, its affiliates, and their respective members, directors, officers, employees, agents, representatives, and volunteers, whether past, present or future (collectively, "Released Parties"), from any and all responsibility or liability for injuries, damages, costs or losses resulting from or arising out of the participating youth's participation in the Program, whether caused by the negligent act or omission of any of the Released Parties or otherwise.

Assumption of Risk

The participating youth understands and acknowledges that his or her participation in the Program is voluntary and that such participation involves inherent risks of physical injury, damage to or loss of property, or death. The participating youth expressly and knowingly

assumes and accepts any and all risks of physical injury, damage to or loss of personal property, or death resulting or arising from such presence, use or participation, whether caused by the negligent act or omission of any of the Released Parties or otherwise.

Signature

By signing this document, the participating youth of if the participating youth is a minor (under 18 years of age), the undersigned parent/guardian, acknowledges that they have read and fully understand this Agreement and understand that by signing this document the participating youth is irrevocably waiving certain legal rights that might otherwise be available to them and/or any of the other Releasing Parties, including, but not limited to, any claim of liability caused by negligence.

Adult youth / Guardian printed name: _____

Adult youth / Guardian signature: _____

Date: _____