



GARDEN WARRIORS 2021 APPLICATION

*For Native youth ages 13-18. Learn about culture, Indigenous foods & agriculture.
Participants receive a stipend of \$50/week with a potential bonus.*

Garden Warriors Session 1: For first time participants.

Garden Warriors in Session 1 learn the basics of organic agriculture and healthy cooking fundamentals. Youth have the opportunity to cook healthy lunches in the kitchen and work hands-on with Farmers.

July 12th - July 29th Monday-Thursday weekly

Garden Warriors Session 2: For returning Garden Warriors only.

In Session 2, returning Garden Warriors deepen their knowledge and improve skills from previous seasons. Youth learn seed saving and hand pollination. Youth also have the opportunity to cook healthy lunches in the kitchen and work hands-on with Farmers.

August 9th- August 26th Monday-Thursday weekly

APPLICATION DEADLINE: APRIL 1st, 2021

Please complete all parts of the application.

Incomplete applications may not be considered for summer programs.

Notifications will be sent out via email and mail the last week of April.

THIS IS A DAY PROGRAM PICK UP/DROP OFF LOCATIONS

Minneapolis American Indian Center 1530 E. Franklin Ave Minneapolis, MN 55404	Pickup: 8:00am Drop Off: 4:00pm
American Indian Family Center 579 Wells Street St. Paul, MN 55430	Pickup: 8:30am Drop Off: 3:30pm

Dream of Wild Health's mission is to restore health and well-being in the Native community by recovering knowledge of and access to healthy, Indigenous foods, medicines, and lifeways.

*Mail applications to **Dream of Wild Health Attn: Angel Swann 1308 E. Franklin Ave. Suite 203 Minneapolis, MN 55404**
OR **photo/scan & email** to angel@dreamofwildhealth.org or (612)874-4200 EXT 107*



Check which session you are applying for:

Garden Warriors Session 1

Garden Warriors Session 2

Name: _____ Gender Identity: _____ Age: _____

Date of Birth: ____/____/____ Years in the Program 0 1 2 3 4+

School: _____ Grade: _____

Youth phone: _____ Youth email: _____

Qualify for free/reduced lunch? Yes No

Tribal Affiliation: _____

Reservation/Homelands: _____

Legal Guardian Name(s): _____

Legal Guardian phone: _____

Legal Guardian email: _____

Best form of communication (text, call, email, etc.) _____

Address: _____ City _____ State _____ ZIP Code _____

Would you like to be signed up for the DWH E-Newsletter to receive photos and updates of youth programs this summer? Yes No

Emergency Contact Info:

Name: _____ Relationship to youth: _____

Phone: _____

Are there any dietary restrictions, allergies, health or behavior issues we should be aware of?

Are you able to self-transport to and from the farm? YesNo

See next page for application section →

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ALL APPLICANTS: Write a short essay of three paragraphs answering the prompts below.

This is mandatory for acceptance into the Garden Warriors program.

If you are new to the program: Tell us why you would like to be a Garden Warrior this summer at Dream of Wild Health. Please include a few ideas of what you hope to learn about food and gardening, and what you are most interested in.

If you are returning to the program: What areas of the Garden Warriors program do you want to get more involved in this summer (i.e. cooking, farm, language, art) and why? What traditional ways would you like to learn more about? What does being a good relative mean to you?



I give my child permission to participate in the 2021 Garden Warriors Summer Program. I give Dream of Wild Health permission to teach, transport, feed and photograph my child. Dream of Wild Health will not be held liable for any injuries that may occur in the event of an unforeseen accident.

Signature of Legal Guardian

Date

Signature of youth

Date