TRY 4-H Science: Become a Teen Teacher!

Make a difference in your community this summer teaching kids about science!

TRY stands for Teens Reaching Youth and it is a teen-led informal science education program focusing on physical, life and environmental sciences with an embedded workforce development component designed to engage younger youth in science exploration while giving teens the opportunity to gain science content and to develop workforce skills. Through interactive lessons that make science fun TRY teen teachers will increase younger youth interest, engagement, skills, knowledge and aspirations in science.

What Does a TRY Teen Teacher Do?

→ Attend a virtual team meeting (May 8, 1 pm) to meet other teen teachers and to select science activities you will teach. We want teen teachers to help develop the program lessons!

→ Attend a two-day training session (July 30 & 31, 2020, 9 am—4 pm) to learn positive youth development, teaching methodology, content knowledge, team building and logistics. You will learn everything you will need to be a successful teen teacher!

→ Teach science lessons at both the Boys & Girls Club of Burlington and King Street Center the week of August 3-7, 2020 to youth in grades 1-4. Teen teachers will lead all lessons.

→ Complete a written reflection at the conclusion of the program.

→ Be a positive role model to your students.

Minimum Qualifications:

→ Must be currently in grades 7-12 with a strong interest in science. It’s okay if you are not a straight A student—we are more interested in your passion for science and desire to teach. We will train you!

→ Motivation and desire to take a leadership role in your community.

→ Strong commitment to the responsibility of being a TRY 4-H Science teen teacher.

→ Must be organized, a team player, a strong communicator, and willing to learn and try new things.

Why Should You Apply to Be a Teen Teacher?

→ Develop transferable skills, including leadership, communication, teamwork, and problem solving.

→ Become a valuable team player in the science education community.

→ Build your resume for work, scholarships, and college applications.

→ Make a difference by helping younger students develop a love of science!

If you require a disability-related accommodation to participate in this program, please contact Lauren Traister at 1-866-260-5603 x 402 no later than May 1, 2020 so we may assist you.

www.uvm.edu/extension/youth
Why TRY 4-H Science?

The purpose of the TRY 4-H Science is to expose youth to informal science, technology, and engineering in a fun and meaningful way during the summer.

**Summer Learning Loss**: “Summer learning is a key solution to closing academic and opportunity gaps....high-quality summer learning programs can not only curb summer learning loss, they can even help boost student achievement.” (National Summer Learning Association, 2018)

**STEM Education**: “By 2020, demand for skilled technologists will exceed the number of qualified applicants by 1 million, leaving our country vulnerable in key areas such as technological innovation, economic development, and cybersecurity.” (Brookings Institute, 2017)

**Positive Youth Development**: 4-H programs are designed to result in young adults who belong to a local & global community, are generous, have mastery of a skill & are independent thinkers.

Our goal is to make science fun and increase younger youth interest, engagement, skills, knowledge and aspirations in science.
TRY 4-H Science: Teen Application 2020
** Due no later than May 1, 2020 **

Print Clearly, Use Pen

Name_____________________________________________________________   Gender_____________________

Mailing Address_____________________________________________________________________________________

City___________________________________________________________   State____ Zip_______________

Email___________________________________________________________________________________________

Home Phone_____________________________________   Cell Phone_____________________________________

Do you text? (circle one) Yes   No                        Grade (circle one)  7   8   9   10   11   12

School (full name, no abbreviations):_____________________________________________________________

Date of Birth________________________             T-shirt Size (circle one)   Adult SM   MED   LG   XL   XXL

Race (please check)   ___ White   ___ Black   ___ American Indian   ___ Asian   ___ Hawaiian/Pacific Islander
___ Decline to Answer                   Other/Explain:__________________________________________________________________________________

Ethnic Background (please check)   ___ Non Hispanic   ___ Hispanic   ___ Decline to Answer

< Turn Page Over for More of the Application >
On a separate sheet of paper, please answer the following questions:

1. Why do you want to be a teen teacher for TRY 4-H Science?
2. TRY requires team members to make a significant commitment to the program. Describe a time when you had to make a commitment and how you honored that commitment.
3. What do you hope to gain from this experience?
4. What skills do you possess that will help you and your team be successful?

Check Here: ☐ I understand that, if selected as a TRY teen teacher, that I will need to attend a virtual team meeting on May 8, 2020 from 1:00-2:00 pm.

Check Here: ☐ I understand that I will need to attend the TRY training on July 30 & 31, 2020 from 9:00 am – 4:00 pm in Burlington (location TBD).

Check Here: ☐ I understand that I will need to teach TRY 4-H Science the week of August 3-7 and will need to be dropped off and picked up at the King Street Center and the Boys & Girls Club of Burlington.

Check Here: ☐ My parents/legal guardian have signed the TRY Permission Form (front and back) and I have included it with my application.

Check Here: ☐ I have discussed the responsibilities of serving as a TRY 4-H Science teen teacher with my parents/legal guardian and am prepared to fulfill all of the commitments.

Your Signature_________________________________________________________ Date________________

Parent/Guardian Signature_________________________________________________________ Date________________

*If you require a disability-related accommodation to participate in this program, please contact Lauren Traister at 866-260-5603 x402 no later than May 1, 2020.*

**APPLICATIONS MUST BE RECEIVED NO LATER THAN MAY 1, 2020 TO:**

Scan your documents and email to: Lauren.Traister@uvm.edu
This form **must** be completed for all TRY teen teachers. Please submit completed form with your TRY application.

**PLEASE PRINT CLEARLY and COMPLETE ALL SECTIONS** (front and back, use pen)

Youth’s Name:_______________________________________________________________

Parent/Guardian Name:_______________________________________________________

Phone Number:______________________________________________________________

**4-H Program Risk and Release**

I, as parent/guardian with legal responsibility for this participant, give permission for my son/daughter to participate in the UVM 4-H Program. I understand that participation may involve certain risks of physical activity and that UVM will provide each participant with due care, but that UVM cannot insure that the participant will remain free of injury. I nonetheless wish to have the participant participate in the UVM 4-H Program and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by the participant, or any loss or damage to property owned by the participant, as a result of participating in the UVM 4-H Program. I, for myself, my heirs, assigns and next of kin, agree to: (i) covenant not to sue UVM and its trustees, employees or agents and indemnify and hold harmless UVM, and its trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of the participant’s participation in the UVM 4-H Program; and (ii) release, waive, and discharge UVM and its trustees, employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by the participant, or to any property or belongings of the participant, while participating in the UVM 4-H Program. This release, however, is not intended to release UVM from causes of action arising out of the sole negligence of UVM, its trustees, employees or agents. UVM reserves the right to dismiss a participant if in their view, the participant poses a significant safety risk to himself/herself and/or others. I have read this Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature:_________________________________________________ Date:____________

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University of Vermont Extension, and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status
Medical Emergency Authorization

In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H staff to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the staff to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Parent/Guardian Signature:________________________________________________ Date:_____________

If you cannot be reached, we should contact: __________________________ Phone __________

Health Information

The following information is provided to aid staff in dealing with the well-being of your child. The participant has the following health conditions (e.g., allergies, asthma, physical limitations, medications needed, etc.)

Health conditions we should be aware of:
________________________________________________________________________________________
______________________________________________________________________________________

Indicate any activities in which you do not want your child to participate:
______________________________________________________________________________________

** If any medications (including aspirin) will need to be taken during the program, you will need to complete a Permission for Medication Form.

Photo Release

At many 4-H programs, photographs and videos are taken of participants. Sometimes these pictures or videos are used to tell people about 4-H and its programs. Pictures or videos may be sent to newspapers or used for brochures, flyers, web pages and social media sites. Photos or videos placed on websites and social media sites will not be accompanied by any personal information about the youth in the photo.

The University of Vermont Extension 4-H Program may use my child’s image in print, electronic, and/or video format for publishing in promotional material. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

☐ Yes, you may photograph or videotape my child and use for promotional purposes.

☐ No, you may not photograph or videotape my child.