

# **Gallia County Beekeepers Association**

## **2020 Youth Hive Program**

### **Youth Hive Program**

#### Objective

- To support and encourage young beekeepers by providing experienced practical support and reducing the expenses required to get started in beekeeping.
- To educate youth in the art of beekeeping and to promote a better understanding of the value of honeybees to our environment.
- To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.
- To gain visibility to a new and vital audience and increase positive community involvement of the next generation of beekeepers.

#### Eligibility

- Be between that ages of 12 and 18 by January 1<sup>st</sup>.
- Be a resident of Gallia County
- Be enrolled in public, private, or home school and be in grades 7 through 12.
- Have permission and agreement from parent or guardian.
- Be actively involved with 4-H and the beekeeping project.

#### Selection Criteria

- Completed applications are due by February 29<sup>th</sup>, 2020
  - Applications can be submitted in person to club officers or electronically to [chris@galliabees.com](mailto:chris@galliabees.com)
- The committee will be selected by the club. The selection committee will carefully consider each candidate and select finalists. The finalists will be selected by the committee by the March meeting.
- One applicant will be selected in 2020.

#### Expectations

- The recipient is expected to attend all GCBA meetings. A brief 3-5 minute presentation on the status of their hive will be made.
- The recipients is expected to remain in contact with their club provided mentor.
- The youth is expected to provide their own suit, veil, gloves, hive tool, smoker and any other necessary beekeeping equipment. GCBA can help with finding discounts or used equipment to help reduce costs.
- Participate in 4-H and the Beekeeping Project at the Gallia County Junior Fair.

**The selected Hive Donation recipients will receive:**

- A One-year family membership in the Gallia County Beekeepers Association
- Woodware for one complete hive.
  - 1 bottom board
  - 3 Eight frame medium boxes
  - 24 frames
  - 1 inner cover
  - 1 outer cover
  - 1 shim
- 1 nucleus hive, including bees, brood, pollen and honey

Questions or comments about the program can be directed to Chris Blank at [chris@galliabees.com](mailto:chris@galliabees.com) Thank you for your interest in beekeeping and we look forward to reviewing your application.

# GCBA Youth Hive Donation Program Application

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ School: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

# GCBA Youth Hive Donation Program Questionnaire

**To be completed by the applicant (please attach additional pages if necessary)**

Why are you interested in bees and beekeeping?

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What do you hope to accomplish if you are chosen as a GCBA Hive Donation Program finalist?

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Summarize your involvement in schools and extracurricular activities such as: community, church, youth organizations, sports, civic organizations or environmental organizations.

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**To be completed by a parent or guardian (please attach additional pages if necessary)**

How do you feel your child can benefit from this program?

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Do you feel that you can support and encourage your child in this effort? YES or NO

Please explain:

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Do you or anyone in your immediate family have bees? YES or NO

Please explain:

# GCBA Youth Hive Donation Program - Waiver/Binder & Consent

I understand that working with and being in proximity with honeybees and the associated beekeeping equipment can be dangerous. Honeybees sting and working with bees requires the use of a smoker, which involves the use of flame and either matches or a lighter.

I further understand that I have the obligation to advise any residents of my property, as well as any visitors and guests to my property, of these dangers and I recognize that I have the obligation to advise any such residents, visitors and guests of standard beekeeping safety procedures around bees.

I understand that neither GCBA nor any of the Association members are liable for any accidents or injuries which may occur to any person, either visitor or guest to my property, or any residents of my property, or my child at any time as a result of the bees presence, and in particular to my child or any other children, while my child, is working with the aforementioned bees and equipment.

I also understand the bee colony and equipment remain the property of GCBA, and cannot be sold, given away, transferred in any manner, or destroyed, during the qualifying period of one year without the written consent of GCBA.

In the event that my child, for any reason, can no longer pursue the beekeeping project, the GCBA committee shall be notified and any surviving bees and beekeeping equipment will be returned forthwith to the GCBA.

Upon successful completion of the qualifying term (one year), and the satisfaction of the stated expectations set forth herein: 1) recipient shall attend the scheduled GCBA meetings, present a brief 3-5 minute presentation on the status of their hive, 2) the recipient shall remain in contact with their club provided mentor and 3) the recipient shall provide their own suit, veil, gloves, hive tool, smoker and any other necessary beekeeping equipment. Upon successful completion the recipient will be presented a Certificate of Completion of the program and ownership of the equipment will be transferred to the Program Participant.

## PARENTAL CONSENT

I am the above-named youth/applicant's parent or guardian. He/She is not known to be allergic to bee stings and has my consent to accept this hive donation if chosen. Furthermore, I agree that by signing consent and waiver, that I relieve the GCBA and their members from any and all liability for any accidents, mishaps, or other occurrences which may happen in the pursuit of this project.

Furthermore, I understand that by signing this I agree to the terms of the program. I understand that there are certain risks involved in beekeeping, and I am willing to fully commit to work with my child's mentor toward a successful experience over the next year. If the program's three criteria, as set forth above, are not met, I and my child realize that we will be required to return all surviving honeybees and the provided equipment.

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Youth Applicant's Signature

Date

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Parent or Guardian Signature

Date

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Parent or Guardian Signature

Date