



Call for Participants: Cleveland Crops Agriculture Training Program

Cleveland Crops Agriculture Training Program Open Houses March 1, 2017 and March 8, 2017

10 am – 12 noon: Tour the Cleveland Crops commercial kitchen, farm, hoop houses, and greenhouse
(Location: Ryan Agriculture Center- 5320 Stanard Ave. Cleveland Ohio 44103)

The Cleveland Crops Agriculture Training Program is a 6-month classroom and farm-based employment training program for adults with developmental disabilities. Participants are trained to grow, harvest, package and distribute produce using sustainable methods while gaining relevant work skills that will prepare them for competitive employment in the community.

Participants learn skills and knowledge related to:

- soil preparation
- weeding/pest control
- harvesting
- seed starting
- irrigation
- marketing
- planting
- composting and fertilizing
- cleaning and packaging

Participants who successfully complete the training program receive a certificate of competency. After the training program, placement in a competitive, community-based job is the expected outcome for each participant.

Qualifications:

- Willingness and ability to do physical labor in various weather conditions;
- Willingness to complete a 2-week assessment and trial period;
- Ability to work a 30-hour week;
- An interest and desire to grow and care for plants;
- Commitment to complete all training classes; and
- Desire to progress to a competitive level of employment

Interested individuals must complete an application (located on next pages) and submit it to:

Donna Chamberlin
(216) 361-4039

Chamberlin.Donna@CuyahogaBDD.org

Michael Dyess
(216) 645-5663

Dyess.Michael@CuyahogaBDD.org

Deadline for applications is March 15, 2017.

Support Administrators: Please make a referral in the PST.

Parents/Schools/Community Partners: Please contact Donna or Michael for more information.
(We'll be working in partnership with Opportunities for Ohioans with Disabilities.)



Cleveland Crops Agriculture Training Program

Application

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name of person who helped you complete this form (if applicable): _____

What is your current job status? Employed Not Employed

Place of employment (if applicable): _____

If you are employed, what is your work schedule?

Mon. ____ to ____ Tues. ____ to ____ Wed. ____ to ____

Thurs. ____ to ____ Fri. ____ to ____ Sat. ____ to ____

Sun. ____ to ____

If you are not employed, have you had a job before? Yes No

Please list past job(s), if applicable:

Have you ever grown anything like vegetables or flowers? Yes No

Can you use public transportation (like) RTA or are you willing to be trained to use public transportation? Yes No

Are you willing to work weekends? Yes No

Are you willing to work holidays? Yes No

Do you like interacting with other people, such as co-workers or customers? Yes No

Do you mind getting your hands and clothes dirty? Yes No

Do you mind getting wet? Yes No

