



plugged in

YOUNG PRODUCERS PROGRAM

DISCOVER



CREATE



ACT



Web Design and Video Production Summer Session 2005

June 27 thru August 19, 2005

Hours: 1:30pm to 5:30pm

The Young Producers Program (YPP) trains teenagers in the latest Web design and video production techniques. Teenagers use their skills to create Web sites and PSA/video slideshows for community organizations and paying clients.

Web training focuses on computer basics, HTML & CSS, Dreamweaver, Fireworks and basic design principles. Video production involves scripting, storyboarding, filming and digital editing.

Free and Open to Youth in 9th to 12th grades

To receive an application contact Rolando
at 650-322-1134 ext. 22 or rolando@pluggedin.org

Artwork by Anthony C.

Plugged In, 1836-B Bay Road, East Palo Alto, CA 94303

Plugged In - Young Producers Program – Application

By signing up for this program I am committed to trying my best to learn and work in the Young Producers Program. **I will attend class each week and understand that I may be asked to leave for any misbehavior and unexcused absences.** This application is open to high schools students – priority is given to students who live in East Palo Alto / East Menlo Park (Belle Haven). All applications should be submitted to Rolando or Gwendolyn at Plugged In.

Student Information

Name: _____

I'm interested in learning: Video Production
 Web Design

Address: _____

Phone (home): _____

Email: _____

Birth date: _____

School: _____

Grade: _____

Promotional Release

I, the undersigned, hereby irrevocably consent to the use by Plugged In that they may authorize, of my name, photographs, and likeness, in connection with the Young Producer Program in all current and future media, as well as in connection with websites, in-store signage, and other promotional material related to the program.

I understand that this release does not restrict whatever rights Plugged In has by law. By signing this, I agree not to make any legal claims – or authorize anyone else to make such claims – against Plugged In arising out of such use of my name or photograph. I have read the foregoing and fully understand its contents.

Student Signature: _____

(If person signing is under 18 years of age, the parent or guardian must give consent below.)

I, the undersigned, being the parent or legal guardian of the person whose name appears above, do hereby consent without reservations to the release and uses described above.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Name: _____

Rate your experience in the following: (1-Never used it, 3-Comfortable, 5-I could teach it!)

Computer _____

Internet _____

Microsoft Word _____

Microsoft Excel _____

Adobe Photoshop _____

Macromedia: Fireworks _____ Dreamweaver _____ Flash _____

HTML _____

CSS _____

Programming _____

Apple iMovie _____

Apple Final Cut Pro _____

Apple iDVD _____



Young Producers Program
1836-B Bay Road
East Palo Alto, CA 94303
650-322-1134 x16

Plugged In - Fieldwork Permission Slip

Dear Plugged In Staff:

I hereby grant permission for my son/daughter, _____ (Student Name) to participate in fieldwork for the Young Producer's Program.

Fieldwork includes traveling to locations in around East Palo Alto and surrounding communities that relate to client visitations, class, film shoots and off-site lunch breaks.

Normally, fieldwork will be scheduled to leave and return to Plugged In during class time or unless previously advised.

I hereby release Plugged In, its employees, consultants and volunteers of any and all liability that might be incurred as a result of _____'s [Student Name] participation in the project.

Parent / Guardian Signature

Date

Print Name

IN CASE OF AN EMERGENCY, I CAN BE CONTACTED BY CALLING:

Home #: _____ Work #: _____ Cell/Pager #: _____

IN CASE YOU CAN NOT BE REACHED, PLEASE GIVE ALTERNATE EMERGENCY CONTACT PERSON:

Name: _____ Relationship: _____ Phone #: _____

* * * * *

MEDICAL RELEASE

Permission is given to any available Physician or Member of Hospital Medical Staff to perform EMERGENCY TREATMENT and PROCEDURES for _____ (Student's Name) as is deemed necessary, and to continue treatment and procedure until such time as the undersigned shall dismiss him/her or engage another Physician. This permission includes Admission to one of the Local Hospitals, if the attending Physician deems it necessary.

(continued on next page)

COMMENTS OR ANY INFORMATION WE SHOULD BE AWARE OF (MEDICAL PROBLEMS, ALLERGIES, MEDICATIONS, ETC.)

Date **Signature** **Relationship**

Witness **Date**

* * * * *

YPP Apprentice Schedule

Name: _____

You can schedule up to 6 hours of one-on-one training per week. The YPP Apprentice Program hours are 3:30pm to 6:30pm during the school year and 1:30pm to 5:30pm during summer. Please indicate which weekday and time you would like to train.

WEEKDAY	Monday	Tuesday	Wednesday	Thursday	Friday
TIME					
TOTAL HOURS					

Once a week you will be required to attend a YPP team meeting. Please indicate the weekday and time you can attend. Indicate first choice with a "1", second choice with a "2" and third choice with a "3".

WEEKDAY	Monday	Tuesday	Wednesday	Thursday	Friday
TIME					
TOTAL HOURS					

Please indicate any additional information about your school, sport, after-school schedule that you think we need to know.
