Sonoma FARMS Advanced Program
Student Application 2026-2027

For over 27 years, the FARMS Leadership program has offered high school students the unique opportunity to develop leadership skills and learn about agricultural practices that contribute to a healthier ecosystem, while connecting with agricultural, environmental, and food system career opportunities. **The FARMS Advanced program is a continuation of this program that focuses on building its site visits and professional networking around the interests of students. FARMS Advanced provides students the opportunity to further develop their knowledge of the natural resources and agriculture industries, build their leadership skills, and prepare for post high school education through professional development opportunities.** FARMS is an amazing opportunity for you to gain hands on experience, build leadership skills, and learn about your local food systems!

To be considered for the FARMS Advanced program, students must complete this application and submit by **11:59 pm on Wednesday, September 16th to Karen Saler, Community Engagement Assistant, at ksaler@sonomarcd.org.** In total, five or six students will be chosen from the applicant pool across the county. Students will be selected by Sonoma RCD staff based on their answers to the following questions as well as their demonstrated efforts in school and the community. Field days take place once a month during the school day and are typically on a Friday, although may be scheduled on another weekday as needed. Students will be consulted during the first field day on their schedule, with the expectation that students will attend all in-person field days throughout the fall and spring semesters. Credits can be given on a school-by-school basis through teacher agreements. Status of selection will be shared on September 30th**.**

In order to apply to our FARMS Advanced program, you must have completed our first year of FARMS Leadership **OR** have completed two years of agriculture or environmental science courses; this is inclusive of FFA & 4-H participation.

Applicant Name: _____ Grade level (2026-27 school year): _____

School:_____ Cell #: (_____) _____

Personal Email:_____

Extracurricular Activities/Interests: _____

_____

College and/or Career Goal(s):

_____

_____

Short Answer:

Why would you like to be in the FARMS Advanced Program?

_____

_____

_____

What do you hope to gain from being in the FARMS Advanced Program?

_____

_____

_____

As part of the FARMS Advanced program, students will complete a job shadow. What career field(s) or industry(ies) would you most like to explore?

_____

_____

_____

FARMS Advanced requires consistent participation and communication with coordinators and site hosts during outings. How will you ensure you stay committed to the program with professionalism as a representative for your school?

_____

_____

_____

What qualities do you think make a good leader? What leadership qualities do you possess?

_____

_____

_____

If you completed the FARMS Leadership Program, what stuck with you? For non-FARM students; what from your ag/science classes, 4-H or FFA has stuck with you?

_____

_____

_____

Sonoma FARMS Advanced Program Participant Application

PLEASE FILL OUT BOTH SIDES OF THIS FORM

Sonoma Resource Conservation District
1221 Farmers Lane • Suite F • Santa Rosa, California 95405 • (707) 569-1448 • www.sonomarcd.org

PARTICIPANT AND PROGRAM INFORMATION:

Name: First _____ Last _____

Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

E-mail Address _____ ( ) Your Telephone/Cell Number _____

Gender _____ Ethnicity (*optional*) _____ Date of Birth (mm/dd/yyyy) _____

School Name/ Grade _____ School District _____ Current Teacher _____

I want to participate in: ☐ FARMS Leadership Program ☐ FARMS Advanced (Year 2 for: Leadership alumni, FFA/ 4-H students or environmental sciences)

EMERGENCY CONTACT:

Name: First _____ Last _____ Telephone (day) _____ Telephone (evening) _____ Relationship _____

BACKGROUND INFORMATION:

Have you participated in the FARMS Leadership Program before? _____

If yes, when? _____

MEDICAL INFORMATION:

Please describe any medical conditions or current medications that may affect your ability to participate in activities, including asthma, seizures, or diabetes. _____

Please list any allergies, including nuts, other foods, insects, plants, latex, and hay. _____

Do you carry an EPI-PEN or asthma inhaler? _____

Physician Name _____ Physician Phone _____

PERMISSION TO PARTICIPATE FOR MINORS (under age 18):

This certifies that _____ has the permission of his/her undersigned parent or legal guardian to participate in the FARMS program sponsored by the Sonoma Resource Conservation District during ___September-May___ of the school year ___2026-2027___.

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____

Diversity, Equity, and Inclusion: *Our conservation education programs serve the youth of Sonoma County and are committed to providing a safe, equitable, and inclusive learning environment for all students and participants. Our team believes everyone should have access to the healing benefits and awe of our natural environment.*

OVER ⇨

Program Participant
Liability Waiver and Agreement

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SONOMA RESOURCE CONSERVATION DISTRICT

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The Sonoma Resource Conservation District ("RCD") is a non-regulatory special district empowered to manage soil, water, and wildlife resources for conservation. The FARMS Leadership Program is sponsored by the RCD in Sonoma County and is meant to inspire youth to become leaders in agriculture and the environment within their communities.

1. Policies and Safety Rules. For my safety and that of others, I will comply with RCD's Program policies and safety rules and its other directions for all Program activities. Overall, the RCD strongly recommends that face coverings be worn by all Program participants, staff, and volunteers in all indoor settings and vehicles. Physical distancing to the maximum extent possible during Program participation will also be encouraged. With California no longer requiring masks to be worn in schools, the RCD understands it's within each school district's discretion to establish a masking policy, and the RCD will match each participating school's policy during the Program.

2. Permission for Travel. I authorize RCD staff and school volunteer lead teachers to transport me in vehicles to Program sites if required for my participation in the Program.

3. Awareness and Assumption of Risk. I understand that my participation in the Program has inherent risks that may arise from the RCD's operations, my own actions or inactions, or the actions or inactions of the RCD, its directors, officers, employees and agents, volunteers, and others present at the Program. These risks may include, but are not limited to, transportation to and from Program sites by RCD staff and RCD volunteer lead teachers and dangers and conditions inherent to Program activities and farm property, including bees, poison oak, dust, noise, smell, spray drift, animals, uneven terrain, lack of outdoor lighting, allergens (including nuts and hay), power tools, and other farm equipment.

4. Waiver and Release of Claims. I waive and release any and all claims against the owner or owners of premises on which the Program takes place (collectively, the "Landowner"), other tenants of the Landowner's premises, the RCD, the Sonoma County Agricultural Preservation and Open Space District ("Ag + Open Space"), and their directors, officers, agents, employees, volunteers, and affiliates (collectively, the "Released Parties"), for any liability, loss, damages, claims, expenses and attorneys' fees (collectively, "Liabilities") resulting from death, or injury to my person or property, caused by or arising directly or indirectly from my presence at the Program, or participation in the RCD's activities or programs, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Released Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release. I understand that the RCD would not permit me to participate without my agreeing to these waivers and releases.

5. Medical Care Consent and Waiver. I authorize the RCD to provide to me first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon the RCD to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Released Parties arising out of any first aid, treatment, or medical service, including the lack or timing of such, made in connection with my participation in the Program.

6. Publicity. I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in the Program. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

If you do not agree to this publicity consent, please check this box: ☐

7. Indemnification. I will defend, indemnify, and hold the Released Parties harmless from and against any and all Liabilities, including without limitation, Liabilities arising from any injury, property damage, or death that may be suffered by me or any person in a relationship with me or any other third party, which may arise directly or indirectly from my participation in the Program, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Released Party.

IN SIGNING THIS SONOMA FARMS ADVANCED PROGRAM PARTICIPANT LIABILITY WAIVER AND AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent or I am the parent or guardian of the child participant, and I execute this Sonoma FARMS Leadership Program Participant Liability Waiver and Agreement for full, adequate, and complete consideration, fully intending to be bound by same.

Program Participant Signature	**Date**	**Program Participant's Name**	
Parent's/Guardian's Signature (if under 18)	**Date**	**Parent's/Guardian's Name (if under 18)**	