



# Onboarding Packet

# Welcome to Build Trybe

Build Trybe is a mentorship community that empowers you with employable skills. It is a bridge connecting you to opportunity. Our team of trade experts and community partners will train you in a trade and then connect you with jobs and advanced trainings. We have three training paths:



## Seed to Plate

1. Initial culinary training through Build Trybe, option for advanced training with The Prospect KC.
2. Introduction to seeding, growing, and harvesting a variety of fruits and vegetables at our on-site farms.
3. Connection to jobs through a network of farmers, chefs, and restaurants with entry level jobs.



## Construction

1. Initial building trades training through Build Trybe.
2. Connection to jobs and additional training through a network of building trade companies.



## Horticulture

1. Initial landscape and horticulture training at Cornerstones of Care urban farms
2. Advanced landscape and horticulture training with several community partners.
3. Connection to jobs and additional training through a network of landscaping companies and partner organizations.

**Build +**

*create, grow, shape, improve*

**Try +**

*attempt your best, engage and explore*

**Be +**

*become, evolve*

**Trybe**

*village, community, us*

# Build Trybe Attendance Policy

## Excused Absences include:

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*If Participating Youth:*

*-Has requested time off and this has been approved by Build Trybe staff. (24 hour minimum notice for time off approvals.)*

*-Has a doctor's visit.*

*-Is ill and has guardian approval. Gave advanced heads up to the best of their ability.*

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## Unexcused Absences include:

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*If Participating Youth:*

*-Does not inform instructor of absence. (No call/ no show)*

*-Is absent from programming and this absence has not been approved by Cornerstones of Care staff.*

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If an unexcused absence occurs, participating youth will be notified through email and/or will sign a form acknowledging the absence.

A student in programming can have no more than 3 unexcused absences within a 30-day period. If 3 unexcused absences occur in 30 days or less, the Apprentice will be discharge from Build Trybe programming. If discharged from programming, the Apprentice may re-apply for programming after a 2-week period. Program re-entry will be subject to instructor's final decision.

By signing, I agree to follow the attendance policy stated above while in Build Trybe programming.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**I Will:**

Respect my fellow students.

Respect my instructor.

Follow all directions, especially those related to safety and wear all required safety gear.

Practice non-violence at all times.

Never bring a weapon to programming.

Never bring drugs to programming or attend programming under the influence of drugs.

Participate in all lessons and trainings.

Keep phone use to a minimum and my phone out of sight.

*You may be written up for behaviors. This is an opportunity to work with the instructor to improve so we can continue to invest in you and train you.*

*If you cannot follow directions, you will be suspended or fired.*

*If you do not have safe behaviors, you will be suspended or fired.*

**I Can Expect:**

To learn a valuable skill trade.

To be paid every two weeks for hours worked.

To have my questions answered in a timely manner.

To be connected to employers and learning opportunities

To receive regular learning and working hours every week

Participant's Full Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**CONTACT SHEET**

Participant's Name: \_\_\_\_\_  
(Please list name as printed on your Social Security Card, if possible)

Do you have a cell phone? \_\_\_\_ Yes \_\_\_\_ No Cell #: (\_\_\_\_) \_\_\_\_\_

If you don't have a cell phone, please list a Contact #: (\_\_\_\_) \_\_\_\_\_

Personal Email: \_\_\_\_\_

Preferred pronouns: \_\_\_\_\_

Birthdate (mm/ dd/ yyyy): \_\_\_\_\_

Social Security number: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list your Referral to Build Trybe programming:**

- a) Agency/Program & Case Manager with Contact Information.
- b) Or another person with Contact Information, if not an Agency/Case Manager.

\_\_\_\_\_  
\_\_\_\_\_

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**BANKING**

Do you currently have a bank account that you can receive a paycheck via Direct Deposit?

\_\_\_\_ Yes \_\_\_\_ No If yes, \_\_\_\_Checking \_\_\_\_Savings \_\_\_\_Cash App \_\_\_\_Chime

***If not, we can provide an alternative method of payment for you.***

*If hired, you'll need to know your routing and account number for entry into our Payroll System.*

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Please **list ALL allergies** to medications, food, insects or latex and the severity of any reaction:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size \_\_\_\_\_ Pant Size \_\_\_\_\_ Shoe Size \_\_\_\_\_

# Build Trybe Youth Application 2025

Participant's Name: \_\_\_\_\_

**Program(s) of Interest:** (Please number the boxes below with a 1, 2 and 3 --- in order of interest)

Building Trades

Culinary

Conservation/Landscape

Physical Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_(home) (\_\_\_\_\_) \_\_\_\_\_(cell)

Email Address: \_\_\_\_\_

## **School History:**

Is participant currently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_

Does participant have a high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of High School: \_\_\_\_\_

Does participant have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Month and year of graduation or anticipated graduation: \_\_\_\_\_

## **Work History:**

Is participant currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and location of current employment: \_\_\_\_\_

\_\_\_\_\_

I certify that the facts set forth in this application are true and complete to the best of my knowledge.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Guardian signature, if youth is a minor (under 18 years of age)

**Guardian or Case Worker Printed Name:** \_\_\_\_\_

**Guardian or Case Worker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# BUILD TRYBE

## Consent to Participate and Waiver

Applicant Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

The Build Trybe program is a vocational and life skills program. Youth in this program will learn building trades, culinary arts, landscaping and horticulture. By agreeing to participate in the Build Trybe program, youth participants and their guardians are agreeing to the following:

- 1) Youth will be engaged in learning building trades tool basics, including wood working tools.
- 2) Youth will be engaged in landscaping, horticulture, and lawn maintenance, and will use all related tools and equipment.
- 3) Youth will be engaged in the culinary arts and will prepare, cook, and serve food, and will use all related tools and materials.
- 4) Youth will be engaged in learning the basics of agriculture, including seeding, transplanting, caring for and harvesting produce, and will use all related tools and equipment.
- 5) That the learning activities in this program are physically demanding and are designed to improve the strength, stamina, and overall health of participating youth.
- 6) If youth are joining our pre-apprenticeship program, it is a job opportunity with youth receiving compensation to be used at the youth's discretion. This is a part time position with no benefits.
- 7) Youth will be connected with external learning opportunities and potential employers as available and applicable, but only after receiving guardian permission separate from this document.
- 8) Youth will be supervised with a 1 to 4 ratio during all activities in this program.
- 9) Programming is entirely voluntary, and youth will never be forced to participate. But youth refusing participation or, not showing up for their apprenticeship, will be counted absent, and after three unexcused absences, youth will be removed from the program.
- 10) Youth may be engaged in multiple build projects, campus improvements, shop builds, and/or grow produce. All produce grown and projects are the property of the Build Trybe program to be distributed and used for the greater good and health of the community.

**Data Release:**

I hereby give my consent and release to enter data concerning my attendance, performance, and participation in any and all performance measurements for grant purposes and Build Trybe program purposes. The information gathered is strictly for grant and program purposes. Additionally, any data used for the purpose of grant and programming purposes will adhere to HIPAA Privacy Rule and compliance.

**Consent to Treat Participants (medical care):**

I give consent and authority to any staff member of Build Trybe to transport to; and seek medical care for all Build Trybe participants, including minor children, in case of an accident or medical emergency while participating in Build Trybe programming or while at any of their Community Partner Learning Sites. I authorize an attending physician and or medical care provider to perform diagnostic procedures and any necessary emergency care to all Build Trybe participants, including minor children.

**Consent for Transportation:**

I hereby give consent for Build Trybe to provide transportation assistance through Build Trybe vehicles, Ubers, taxis, other third-party transport companies, or bus. If transportation is provided it is at the discretion of Build Trybe and will be provided to assist youth to and from work sites. Provided transportation must be utilized respectfully and youth must be on time for provided pickups. Youth will not be compensated for ride time unless in-between job sites while already clocked in.

**Liability**

I understand that participation in Build Trybe activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the activities offered. Further information about those activities may be obtained from Cornerstones of Care, the instructors, or Build Trybe leadership. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

I, to the full extent permitted by law, hereby release, defend, hold harmless, and indemnify Cornerstones of Care, and their instructors, managers, directors, committee members, agents, employees, representatives ("Indemnitees") and other related 3rd parties from any or all liability for any claim, loss, damages, liabilities, expenses, or bodily injury, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of, action concerning, or communication of my background in connection with this application.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Parent name: \_\_\_\_\_

Guardian/Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Build Trybe program does not discriminate on the basis of race, color, religion, or sex. (Including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.*





**RIDESHARE ARRANGEMENT  
CONSENT, RELEASE OF LIABILITY  
AND ASSUMPTION OF RISK**

***Purpose and Instructions: Cornerstones of Care (“Cornerstones”) has made or will make one or more arrangements (“Rideshare Arrangements”) with Uber, Lyft, zTrip and/or other rideshare companies (“Rideshare Companies”) to provide transportation services to participants (“Participants”) in Build Trybe or other Cornerstones youth programs. In order for a Participant to participate in a Rideshare Arrangement, a parent, guardian or custodian is required to complete, sign and return this Rideshare Arrangement Consent, Release of Liability and Assumption of Risk (“Consent and Release”) to [ ] prior to Participant being permitted to participate in a Rideshare Arrangement.***

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**PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**CONSENT AND AUTHORIZATION:**

I, as the parent, guardian or custodian of the Participant, (i) consent to and authorize the Participant’s participation in the Rideshare Arrangements, and (ii) understand that if I wish to withdraw such consent and authorization, I must so notify Cornerstones by providing a written, signed and dated withdrawal of consent and authorization.

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**RELEASE OF LIABILITY:**

In consideration for the Participant being permitted by Cornerstones to participate in the Rideshare Arrangements and the benefits that the Participant will receive from such participation, I, for the myself and on behalf of the Participant and my and the Participant’s successors, assigns, personal and legal representatives, executors, administrators, heirs and next of kin, as applicable (collectively, “Releasing Parties”):

- do knowingly and voluntarily waive and release any and all claims, now known or hereafter known, against Cornerstones of Care, its affiliates, and their respective shareholders, partners, members, directors, trustees, officers, employees, agents, representatives and volunteers, whether past, present or future, and their respective successors, assigns, personal and legal representatives, executors, administrators, heirs and next of kin, as applicable (collectively, “Released Parties”), on account of injury, illness, pain, suffering, disability, death, property damage, or financial loss arising out of or attributable to the Participant’s participation in the Rideshare Arrangements, whether arising out of, resulting from or caused by the negligent act or omission of a Released Party or otherwise; and
- covenant not to make or bring any such claim against a Released Party and forever release and discharge the Released Parties from liability under such claims.

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**ASSUMPTION OF RISK:**

I, for myself and on behalf of the Participant and the other Releasing Parties:

- understand and acknowledge that (i) Cornerstones does not check driver’s license validity, verify insurance coverage, run background checks or conduct any other due diligence with respect to the Rideshare Companies, including, without limitation, their services, vehicles and drivers, (ii) the Participant’s participation in the Rideshare Arrangements is voluntary and is not required for eligibility to receive or to continue receiving any support, service or other benefit from

Cornerstones, and (iii) such participation involves the risk of injury, pain, suffering, disability, death, property damage, and/or financial loss; and

- assume and accept any and all risks of injury, pain, suffering, disability, death, property damage, and/or financial loss, resulting or arising from Participant's participation in the Rideshare arrangement, whether arising out of, resulting from or caused by the negligent act or omission of a Released Party or otherwise.
- will defend, indemnify, and hold harmless the Released Parties against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorneys' fees, arising out of or resulting from any claim of a third party related to or arising out of the Participant's participation in the Rideshare Arrangements, whether arising out of, resulting from or caused by the negligent act or omission of a Released Party or otherwise.

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**OTHER TERMS**

This Consent and Release will be governed by and construed in accordance with the laws of the State of Missouri, without giving effect to the principles of conflicts of law thereof. The state courts in and federal courts for Jackson County, Missouri will have exclusive jurisdiction to hear all matters relating to this Consent and Release, and I, for myself and on behalf of the Participant and the other Releasing Parties, consent to personal jurisdiction in and venue of those courts.

If any term or provision of this Consent and Release is, to any extent, invalid, illegal or unenforceable, the remainder of this Consent and Release will not be affected thereby and will, notwithstanding, remain binding, valid and enforceable to the fullest extent permitted by law.

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**SIGNATURES:**

***By signing this Consent and Release, (i) I acknowledge that I have read and fully understand this Consent and Release, (ii) I represent and warrant that I have the legal right to consent and agree to, and do consent and agree to, the terms and conditions of this Consent and Release, and (iii) I understand and acknowledge that by signing this Consent and Release I am voluntarily and irrevocably giving up substantial legal rights that might otherwise be available to me, the Participant and any of the other Releasing Parties.***

Name: \_\_\_\_\_

Authorized Representative (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone/Email: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_



## MULTIMEDIA RELEASE FORM

**Instructions:** Please review this multimedia release form and if you agree to its terms, please sign and return a completed copy to Megan Diaz at [megan.diaz@cornerstonesofcare.org](mailto:megan.diaz@cornerstonesofcare.org)

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**Program (to be completed by Cornerstones of Care):**

Name of Program: Build Trybe

Location(s): All locations where Build Trybe programming takes place while participant is in Build Trybe programming.

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**PURPOSE OF RELEASE:**

Cornerstones of Care, its family of agencies and programs, including but not limited to Build Trybe and BIST (collectively, "Programs") may from time to time use the image, likeness or voice of participants of the Program ("Participants") for purposes such as marketing, resource development, social media, and media coverage. Because use of a person's image, likeness, or voice in this manner may be restricted by law, the Programs are seeking the permission of Participants for that use. There is, however, no guarantee that a Participant's image, likeness, or voice will in fact be used in any electronic, broadcast, or print medium.

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**RELEASE:**

In consideration of the permission granted to the Participant to participate in the Program, the undersigned, for the Participant and on behalf of the Participant's representatives and heirs, grants Programs the irrevocable right and permission to use and reuse the Participant's image, likeness or voice, or offer the Participant's image, likeness or voice to others for use or reuse, as captured by photography, recorded on videotape, film, audiotape, or any other recording device, in any electronic, broadcast, or print medium for any purpose related to the Program's activities. The undersigned understands that this release includes the right to reproduce, distribute, and create derivative works in any media. The undersigned waives any right to inspect, approve, or be notified of the use of the Participant's image, likeness, or voice, whether that use is known to the undersigned or unknown, and waives any right to royalties or other compensation arising from or related to that use.

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**NAME AND CONTACT INFORMATION:**

Name and contact information of the Participant:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name and contact information (if different than above) of parent or guardian of the Participant, if the Participant is under 18 years of age:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**SIGNATURES:**

By signing below, I acknowledge that I have read and understand, and agree to be legally bound by, this multimedia release.

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Participant Signature (if 18 years or older)

Date

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Parent/Guardian Signature (if Participant is under 18 years old)

Date