

BROWN COUNTY BEEKEEPERS ASSOCIATION



Youth Hive Donation 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

- Youth must be between that ages of 12 and 18 by January 1st.
- Must be a resident of Brown County or an adjoining county.
- The applicant must currently be enrolled in public, private, or home school and be in grades 7 through 12.
- The applicant must have permission and agreement from parent or guardian.

Selection Criteria

- Completed applications are due by the end of the second BCBA meeting of the fiscal year. The BCBA meets on the 2nd Tuesday of the month (excluding January and December)
 - Applications can be submitted in person to club officers or electronically to contact_us@browncountybeekeepersassociation.org.
- The committee will be selected by the club president. The selection committee will carefully consider each candidate and select finalists. The finalists will be selected by the committee by the March meeting.
- Two Youth Hive Donation applicants will be selected each year.

Expectations

The Brown County Beekeeper Association is a non-profit organization located in Brown County Ohio. We are dedicated to the continual education of our members, promoting community awareness, and helping to save our friend the honey bee.

<http://browncountybeekeepersassociation.org/> or visit us on Facebook @browncountybeekeepers

- Recipients are expected to attend the monthly BCBA meetings. During this meeting, the youth will provide a brief 3-5 minute presentation on that status of their hive.
- The recipients are 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.

The selected Hive Donation recipients will receive:

- A One-year family membership in the Brown County Beekeepers Association.
- Woodware for one complete hive.
 - 1 Screened bottom board
 - 2 deep boxes
 - 20 frames of deep foundation
 - 1 inner cover
 - 1 outer cover
 - 1 boardman feeder
- 1 package of bees.

Questions or comments about the program can be directed to contact_us@browncountybeekeepersassociation.org. Thank you for your interest in beekeeping and we look forward to reviewing your application.

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BCBA 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: _____

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BCBA 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?

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

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

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?

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

Please explain:

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

Please explain:

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BCBA Youth Hive Donation Program - Waiver/Binder & Consent

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

We/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 We/I recognize that we/I have the obligation to advise any such residents, visitors and guests of standard beekeeping safety procedures around bees.

We/I understand that neither BCBA 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.

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

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

Upon successful completion of the qualifying term (one year), and the satisfaction of the stated expectations set forth herein: 1) recipients shall attend the monthly BCBA meetings during which the youth will provide a brief 3-5 minute presentation on that 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, the youth 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

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

Signature Date Parent or Guardian

Signature Date Parent or Guardian

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

Signature Date Youth Applicant's

Signature Date Parent or Guardian

Signature Date Parent or Guardian

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