Lorain County Beekeepers Association

Youth Education Program
2027

To advance the LCBA's mission of educating the public about the value of honeybees and the impact honeybees have on our world, the Association sponsors a Youth Education Program.

Selection Criteria and Process for the LCBA Youth Education Program:

1. Students must be between the ages of 11 and 18.
2. A program application and questionnaire must be submitted along with supporting documents.
3. A selection committee will consider each application and interview the students and the students' parents or guardian for the program.
4. The student will learn about beekeeping equipment and managing a beehive. LCBA will provide the opportunity to students to work with an experienced beekeeper on the following activities (but not limited to): Installing bees in a hive; feeding bees; inspecting hives; disease management; extracting honey; winter preparation.
5. After successfully completing the first year of the Youth Education Program and meeting all the first year criteria, the student may apply for the second year of the Program. LCBA will provide the student with a Beginner Beekeeper's Kit (see appendix) and a package of bees. If the criteria for the second year are not accomplished the student and parent/guardian will be responsible for returning the beekeeping equipment and bees or reimburse LCBA $500

First Year Youth Education Program Students will be expected to:

- Attend all 4 of LCBA's Beginner Beekeeping classes held on 4 Fridays in March.
- Attend 7 of LCBA's monthly meetings from April through December, held the 2nd Friday of the month.
- Participate/assist in 4 hive inspections.
- Work with the County Bee Inspector during an apiary inspection.
- Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the student's beekeeping experience with others.
- Provide updates (photos, short diary) for the LCBA newsletter. Deadlines: May 1st and September 1st.
- Take part in LCBA activities such as: Field Day, Bee City Festival and any other sponsored events.

- Take part in Lorain County Fair activities such as: be present in the Bee Barn on Kids' Day to share their beekeeping experiences; observe honey judging; do a poster for the educational booth, etc.
- Present a final report (could be a display, scrapbook, paper, video, etc) to the LCBA membership at the December monthly meeting.

Second Year Youth Education Program Students will be expected to:

- Attend all 4 LCBA's Beginner Beekeeping classes held 4 Fridays in March.
- Attend 7 of LCBA's monthly meetings from April through December.
- Participate/assist in 4 hive inspections.
- Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the student's beekeeping experience with others.
- Provide updates (photos, short diary) for the LCBA newsletter. Deadlines: June 1st and October 1st.
- Take part in LCBA activities: Field Day and Bee City Festival by sharing their beekeeping experiences.
- Take part in the Lorain County Fair activities such as: be present in the Bee Barn on Kids' Day to share their beekeeping experiences and promote the Youth education Program, observe honey judging, do a poster for the educational booth etc.
- Present a final report (could be a display, scrapbook, paper, video, etc) to the LCBA membership at the December monthly meeting.

The completed application package is due by February 7, 2027

Resources: *(free download)*

www.extension.purdue.edu/extmedia/4H/4-H-1057-w.pdf
Learning about Beekeeping

www.extension.purdue.edu/extmedia/4H/4-H-1058-w.pdf
Working with Honey Bees

www.extension.purdue.edu/extmedia/4H/4-H-1059-w.pdf
Advanced Beekeeping

Application Checklist

1. Completed application
2. Completed Questionnaire
3. Signed Waiver/Parental consent and LCBA Sponsor Agreement with all designated signatures.
4. Two typed letters of recommendation from non-family members. (First year only)

Submit the completed application to: LCBA
C/O Marilyn
PO Box 64
Oberlin, OH 44074

Contact Marilyn with any questions at: m.teep70@gmail.com

Students and families will receive free membership in LCBA for one year while student is part of the Youth Education Program.

The completed application package is due by February 7, 2027

Other:

Bee proof clothing and a veil is required whenever working with bees and is the responsibility of the student.

Purchasing a beginning Beekeepers book is recommended, such as Beekeeping for Dummies.

Check the LCBA website - www.loraincountybeekeepers.org- for monthly meeting dates and times and beginner beekeeping classes in March. All meetings and classes are held at: Life Church
1033 Elm Street
Grafton, OH 44044

Appendix

After successfully completing the first year of the Youth Education Program and meeting all the criteria, the student will be eligible to apply for a the 2nd year of the Program. If selected LCBA will provide the student with the following:

Beginner Beekeepers' Kit to Build/Paint which includes:

- One deep hive kit with frames and foundation
- Telescoping Cover
- Inner Cover
- Bottom Board
- Entrance Reducer

Hive Tool

Feeder

Smoker

Gloves

One Package of Bees

The student must complete all criteria for the 2nd year. If not the student must reimburse LCBA $500 or return all equipment and bees.

Other needs and costs to consider that the Student would be responsible for:

Second Deep Box	Feed
Honey Super	Pollen Patties
Smoker Fuel	Mite Treatments

LCBA Youth Education Program Application – 2027

Student's Name_____ Date of Birth: _____
Address:_____ _____ City:_____ Zip:_____
Home Phone: _____ Cell Phone: _____ _____
E-mail:_____

Parent/ Guardian: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail:_____

Year in Youth Education Program: First Second

First Year LCBA Youth Education Program - Questionnaire – 2027

To be completed by the Student (if needed, attach additional pages):

1. Why are you interested in bees and beekeeping?

2, .What do you hope to accomplish if you are chosen as a student in the LCBA Youth Education Program?

3. Summarize your involvement in school and extracurricular activities such as: 4-H, FFA, church, youth groups or civic organizations:

To be completed by a parent or guardian of First Year student:

1. How do you feel your child can benefit from this program?

2. Do you feel you can support and encourage your child in this effort? YES or NO
Please explain:

3. Do you or anyone in your immediate family have bees? YES or NO
Please explain:

Second Year LCBA Youth Education Program Questionnaire – 2027

To be completed by the student:

1. Did the First year of LCBA's YEP meet your expectations? Yes No
Please Explain why or why not.

2. What do you hope to accomplish as a second year student in the LCBA YEP program?

3. What were some valuable and/or exciting things you learned the first year in YEP?

LCBA Youth Education Program – Waiver and Consent – 2027

Waiver / Parental Consent (to be completed for 1st year students)

I understand that neither LCBA nor any of the Association members are liable for any accidents or injuries which may occur while my child, _____, is working with the bees and equipment.

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

_____ _____

Parent or Guardian Signature Date

I understand that by signing this I agree to the terms of the program. I understand that there are certain risks involved in beekeeping, and I am willing to fully commit to work with LCBA towards a successful experience over the next year.

_____ _____

Applicant Signature Date

_____ _____

Parent or Guardian Date

LCBA Youth Education Program – Waiver and Consent – 2027

Waiver / Parental Consent (to be completed for 2nd year students)

I understand that neither LCBA nor any of the Association members are liable for any accidents or injuries which may occur while my child, _____, is working with the bees and equipment.

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

If the criteria is not met for the 2nd year Program (See page 2 for expectations - Completed by December 2027) then the award recipient and responsible parent/guardian will be responsible for reimbursing LCBA $500 or must return the beekeeping equipment and bees. (Except: Act of God or circumstances beyond the Beekeeper's control)

I have read and understand the above.

_____ _____

Parent or Guardian Signature Date

I understand that by signing this I agree to the terms of the program. I understand that there are certain risks involved in beekeeping, and I am willing to fully commit to work with LCBA towards a successful experience over the next year.

_____ _____

Applicant Signature Date

_____ _____

Parent or Guardian Date

- **LCBA Youth Education Program - Sponsor Agreement – 2027**

LCBA agrees to provide:

- Membership for the applicant and their parents/guardian to the local association for a year including all privileges of a normal member.
- Free attendance to the beginner beekeeping classes.
- Mentorship to assist the student with questions and problems and provide opportunities to meet all criteria.
- 2nd year students will recieive a Beginner's Kit (See Appendix) and a package of bees

_____ _____

LCBA Signature Date