

**ALAMO AREA BEEKEEPING ASSOCIATION APPRENTICESHIP  
APPLICATION / AGREEMENT**

Background: The Alamo Area Beekeepers Association (AABA) established the Beekeeping Apprenticeship Program to actively promote learning about bees and beekeeping in Bexar and surrounding Counties.

I. Purpose & Scope: AABA funds the Beekeeping Apprenticeship Program to promote youth interest and participation in beekeeping, honey production, and education in apiary science. The apprenticeship program is open to all school-age youth in Bexar and surrounding counties with AABA members. It is awarded annually with stated conditions and has a term of one year from date of award. The apprenticeship consists of a beehive, basic equipment necessary to get started, and mentorship in beekeeping.

II. Application:

Name:

\_\_\_\_\_

Date of Birth (mo/day/yr): \_\_\_\_\_

Address:

\_\_\_\_\_

City or Town With ZIP Code:

\_\_\_\_\_

Home Telephone:

\_\_\_\_\_

Parent or Guardian's Name:

\_\_\_\_\_

Parent or Guardian Contact Information

Phone (cell):

Phone (home):

E-mail Address:

Organization (4H, FFA, Scouts, Home School, Other): \_\_\_\_\_

Do you have other agriculture interest projects? \_\_\_\_\_. If yes, please list \_\_\_\_\_

Applicant: Why are you interested in bees and beekeeping? **Hand write** a brief paragraph on a separate sheet of paper telling why you are interested in beekeeping and what you hope to accomplish if you are chosen for the apprenticeship program.

Parent or Guardian: How do you feel your child can benefit from this program? Do you feel you can support and encourage your child in this effort? **Hand write** a brief explanation.

III. Terms & Conditions of Agreement:

A. At AABA's discretion, the recipient of this apprenticeship will receive a

beehive consisting of either: (a) standard Langstroth hive body with frames and foundation, a bottom board, a top cover, a nucleus of bees with queen and the necessary beginner's equipment to start the beekeeping project OR (b) a Top-bar hive body, a package of bees and the necessary beginner's equipment to start the beekeeping project.

B. The recipient will also receive the additional benefit of: 1) associate membership in AABA for one year, 2) attend some regularly scheduled meetings and receive the Association Newsletter, 3) can choose or be assigned an AABA member as a mentor and resource person to work with and receive guidance from throughout the year.

C. The recipient will be expected to keep his/her beehive in a safe manner according to generally accepted beekeeping practices, and keep some kind of record with dates, pictures, and other pertinent data.

D. Recipients and parents/guardians are solely responsible for compliance with all applicable laws and ordinances in effect where the hive will be located.

#### IV. Waiver:

A. We/I understand that neither the Alamo Area Beekeepers Association nor any of its members are responsible for any accidents or injuries which may occur while my child, \_\_\_\_\_ is working with the bees or equipment.

B. In the event that \_\_\_\_\_ loses interest or can no longer pursue the beekeeping project, the Alamo Area Beekeepers Association will be notified and the equipment and colony of bees will be returned to the same.

C. Upon successful completion of the apprenticeship term, the recipient will receive ownership of his/her beehive and related equipment.

V. Parental Consent: 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 apprenticeship if chosen. Further, I agree that by signing this waiver that I release the Alamo Area Beekeepers Association and their members from any liability for any accident or mishaps that may occur in pursuit of this project.

#### VI. Signatures:

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Applicant  
Date (mo/day/year) \_\_\_\_\_

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Parent or Guardian

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AABA President

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Date (mo/day/year)