

GARDNERS APPLICATION

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

CELL

EMAIL ADDRESS

BOX PREFERENCE (see chart) 1st Choice

2nd Choice

CHECK THE APPROPRIATE ITEMS:

I have volunteered and worked the garden in prior years.

I have participated as a part of the GROWS garden committee.

I have gardened at my home or other space in prior years.

I am a new gardener.

I would like to sponsor a box and give proceeds to a charity organization.

I would like to become a member of the Garden Committee and help in overseeing the garden.

EACH GARDENER IS EXPECTED TO HELP WITH GENERAL UPKEEP OF THE GARDEN. PLEASE MARK TWO (2) AREAS WHERE YOU WOULD BE INTERESTED IN HELPING.

Site maintenance

Watering

Phone Calls

Fall Cleanup

Mailings

Composting

Construction projects

Shed Maintenance

I have read the Gardener Memorandum of Understanding and understand that failure to meet and abide by the rules will result in loss of gardening privileges.

Name (please print)

Signature

Date

Please keep a copy of the Gardener Memorandum of Understanding for future reference.

East

County Building Parking Lot

Garden
Arbor

Flowers 13

Flowers 7

Flowers 1

County
Rain
Garden

14

Herbs 8

2

School Street

North
NOTICE

15

9

3

16

10

4

water

17

11

5

18

12

6

SHED
COMPOST

West
West

East