

Gardener Application

Linda Civill Community Garden

1. Gardener: _____
Gardener phone: _____ Gardener e-mail: _____
Gardener address: _____
2. Gardening partner (if applicable): _____
Partner phone: _____ Partner e-mail: _____
3. I would like to: ☐ Have my own bed ☐ Share a bed ☐ No bed. Just want to help.
4. If you are a new gardener, would you like an experienced gardener to help you? Yes ____ No ____
5. If you are an experienced gardener, would you like to help a new gardener? Yes ____ No ____
6. Photo Permission: From time to time, gardeners, garden leaders and the media will take photos of the garden. Please check here (☐) if you do not give your permission for your photo to be published. If you do not give your permission, please let photographers know when you encounter them at the garden.
7. Phone and e-mail: To improve communication, garden leaders will share your phone number and e-mail address with other gardeners. Please check here (☐) that you give permission to share your phone number and e-mail with all gardeners.

By signing below, I agree I have read and understand the Gardener Guidelines (page 8 of Welcome Kit) and plan to abide by all of the garden rules. I understand that neither the garden group nor owners of the land are responsible for my actions. I therefore agree to hold harmless the garden group and owners of the land for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.

Signature _____ Date _____

Print your name: _____

Please return this application via email (rflach@HopeFullLifeCenter.org) or fax (756-6543). The application can also be dropped off at Gracefully Chic Boutique in Faith Plaza during business hours (Tues – Sat 10 a.m. to 5 p.m.).