



GARDENER APPLICATION FORM

IDAHO SPRINGS COMMUNITY GARDEN - SEASON 201__

PERSONAL INFORMATION

Gardener: _____

Gardening partner(s): _____

Mailing address or PO Box: _____

City: _____ State: _____ Zip code: _____

Telephone #1: _____ Telephone#2: _____

E-mail1: _____ E-mail2: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

- Are you a senior citizen? YES ___ NO ___
- Are you physically disabled? YES ___ NO ___
- Are there obstacles that prevent you from gardening at your residence? YES ___ NO ___
- What are those obstacles? (Check all that apply) Space ___ Soil ___ Sun ___ Altitude ___ Wildlife ___ Pets ___
- Are you an experienced gardener willing to help a beginner gardener? YES ___ NO ___
- Are you a beginner gardener that would like help from an experienced gardener? YES ___ NO ___
- Have you gardened before? (Where and how many seasons)

• Why are you renting a plot at the community garden?

• How did you hear about the community garden?

• The Idaho Springs Community Garden is managed entirely by its gardeners. All gardeners are expected to participate in a combination of garden work parties and the items listed below. Please number your top three choices of the garden jobs/crews.

- | | |
|---|---|
| <input type="checkbox"/> Maintenance crew | <input type="checkbox"/> Grant Researcher |
| <input type="checkbox"/> Social events crew | <input type="checkbox"/> Grant writer |
| <input type="checkbox"/> Plot monitor | <input type="checkbox"/> Seasonal Decoration crew |
| <input type="checkbox"/> Weed, grill & chill crew | <input type="checkbox"/> Transportation crew |
| <input type="checkbox"/> Food Bank Crew | |

By signing below, I agree that I have read and understand the Gardener Guidelines and plan to abide by all of the garden rules.

Print Name

Signature

Date