

2008 Growing Gardens Community Garden Application Form

For Office Use Only

Plot # _____
 Paid _____
 Database _____
 Email _____
 Maps _____
 New Gardener _____
 Initial and Date _____

IMPORTANT INFORMATION

The following is required to participate in the Community Gardens Program:

- **Fill out and sign the Community Service and Acknowledgment of Risk & Release Waiver form.**
- **Fees must be received at the time of application. Make checks to: Growing Gardens.**
- **Send application, forms and fees to: Attn: Growing Gardens 3198 North Broadway, Boulder, CO 80304**

Gardener Name #1 _____

Year You Began Gardening in
CG Program in Boulder: _____

Gardener Name #2 _____

Mailing Address _____ City _____ Zip _____

Phone Gardener #1 _____

Phone Gardener #2 _____

E-Mail Address #1 _____

E-Mail Address #2 _____

PLOT INFORMATION - Please specify your preference

Holiday (D) _____ (*organic*) Goss Grove (G) _____ (*organic*)

If you are applying for a Goss Grove plot, please check all that apply:

CU student _____ *Naropa student* _____ *Home Renter* _____ *Home Owner* _____

This information is used exclusively for funding purposes for Goss Grove Community Garden.

Plots are approximately 100 sq ft.

FEE INFORMATION **Seasonal Rate** **Reduced Rate**

		<small>*(include documentation)</small>
Holiday	\$47	\$23.50
Goss Grove	\$47	\$23.50

* Reduced rate documentation is one of the following:

- Boulder Food Tax Rebate card
- Medicaid
- Boulder Housing Partners

Plot fees, make check to: GROWING GARDENS

PLOT FEE \$ _____

GARDENSHIP FUND DONATION \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

A donation to the GARDENSHIP FUND will help provide a garden at a reduced rate to those in need, or be used for garden enhancement projects.

Community Service: Four hours of Community Service time (per plot per year) must be given to participate in the Community Garden Program. **This is in addition to maintenance of your plot and pathways.** This will be tracked closely. Failure to do these hours will result in non-renewal of your plot or a fine of \$80 to renew your plot the following year. There are many tasks needing to be completed and the office is open to unique and creative suggestions. There are specific garden days that will be scheduled throughout the season. Other events and/or activities please coordinate with Garden Leaders or the Community Garden Coordinator who will record your community service hours. You are responsible for fulfilling your plot's full 4 hours whether or not you get called. The deadline to complete and report Community Service hours to the office is November 15, 2008.

<p style="text-align: center;"><u>Specific Volunteer Jobs</u></p> <p><input type="checkbox"/> Garden Leader</p> <p><input type="checkbox"/> Garden Buddy</p> <p><input type="checkbox"/> "On call" help as needed</p> <p><input type="checkbox"/> Seasonal assignment</p> <p><input type="checkbox"/> Translator Spanish</p> <p><input type="checkbox"/> Translator Hmong</p> <p><input type="checkbox"/> Translator Other: _____</p> <p><input type="checkbox"/> Office Help</p> <p><input type="checkbox"/> I am available to help this spring (now!)</p> <p style="text-align: center;"><u>Committees</u></p> <p><input type="checkbox"/> Garden Leader Council</p> <p><input type="checkbox"/> Compost</p> <p><input type="checkbox"/> Social & Events</p> <p style="text-align: center;"><u>I Am Willing To Help:</u></p> <p><input type="checkbox"/> Update Bulletin Boards</p> <p><input type="checkbox"/> Move Compost Bins to Curb</p> <p><input type="checkbox"/> Maintain Shed and Tools</p> <p><input type="checkbox"/> Mow Perimeter of Garden</p> <p><input type="checkbox"/> Host Work Days</p>	<p style="text-align: center;"><u>I Have Access To and Am Willing To Use at My Community Garden:</u></p> <p><input type="checkbox"/> Lawn Mower</p> <p><input type="checkbox"/> Weed whacker</p> <p><input type="checkbox"/> Carpentry Tools: Drills, Saws, etc.</p> <p style="text-align: center;"><u>Events and Programs</u></p> <p><input type="checkbox"/> Compost Sale – March</p> <p><input type="checkbox"/> Plant Sale – May</p> <p><input type="checkbox"/> Teach in Children's Peace Garden March-October</p> <p><input type="checkbox"/> Help in Cultiva! Field April - Oct</p> <p><input type="checkbox"/> Greenhouse plant propagation March -May</p> <p><input type="checkbox"/> Horticultural Therapy helper</p>
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***There are specific garden days that will be scheduled throughout the season. You can sign up for these days at one of the mandatory orientations. Each workday will be supervised by a garden leader and your hours will be recorded by them. Other events and/or activities, please coordinate with Garden Leaders or the community garden coordinator who will record you community service hours.**

AGREEMENT

A directory of the community gardeners will be published this year. The directory will contain names, phone numbers, e-mails and plot information of the community gardeners, for use solely by other community gardeners. No addresses will be published. State Public Records Law prohibits our sharing phone numbers of users of city programs without express permission. By signing this agreement, I hereby give permission to share my phone number with other community gardeners unless I have checked the following box.

I do not want my phone number shared with other Community Gardeners. Please do not publish my contact information in the directory.

I have read and understood the enclosed rules and policies, and by signing this application agree to comply with them. I understand that failure to comply with the rules and policies will result in loss of gardening privileges and the reassignment of my plot without refund of any fees as determined by the City of Boulder Community Gardening Program. I understand that failure to comply by any person assisting me in my plot will also result in such actions by the City of Boulder Community Gardening Program.

Signed _____ Date _____

**GROWING GARDENS
COMMUNITY GARDEN PROGRAM**

ADVISEMENT OF RISK, RELEASE AND MEDICAL AUTHORIZATION

Please read this form carefully and be aware that in registering for participation in this Community Gardens Program you are advised of the risks which you may experience as a result of participating in this Program.

The Community Gardens Program is an activity in which, despite preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injuries such as the following. This list is by no means complete or exclusive, but includes:

1. Muscle strain and other muscle injuries.
2. Foot problems.
3. Heat stroke or heat exhaustion

I release all claims which may arise against, and agree not to sue, Growing Gardens and its officers, agents, employees and authorized volunteers, on my behalf as a result of participating in the Program.

I further agree to indemnify, hold harmless and defend Growing Gardens and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with the activities of the Program.

In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photographs, digital images, or videotape of program participants and spectators may be used for future promotional or marketing material.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Participant's Signature _____ **Date** _____

Participant's Name _____

Garden _____ Plot Number _____

Birth Date _____ Age _____ Sex: M ____ F ____ Phone _____

Address _____

Photo release (please initial) ____ Yes ____ No