



Garden Group Application Form

Thank you for your interest in joining our Garden Group! Please fill out the form below to help us get to know you and understand your goals for participating in our community garden. Due by 12/10/24.

To participate in the Garden Group, you need to be 18 or older. Which age range do you belong to?

- 18 – 25 years old
- 26 - 35 years old
- 36 - 45 years old
- 46 - 55 years old
- 56 - 65 years old
- 65+ years old

Last Name: _____ **First Name :** _____

Home Address: _____

Phone Number: _____

Email Address: _____

Library Card Number: _____

Why would you like to join this Garden Group?

(Please briefly share your reasons for wanting to participate.)

What do you hope to accomplish by joining?

(Describe your goals and what you hope to gain from this experience.)

How did you hear about the Garden Group?

- Library Event
- Community Bulletin
- Word of Mouth
- Online/Social Media
- Other: _____

Do you have any gardening experience?

- Yes No (please briefly describe below)
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Emergency Contact Information

Please provide the name and phone number of someone we can contact in case of an emergency.

Name: _____

Phone Number: _____

Additional Comments or Questions:

By submitting this form, you consent to receiving communication about Garden Group activities/events and you agree to attend 3 mandatory meetings (11am-12pm or 6pm-7pm):
12/17/24, 2/27/25, 5/22/25)

Name: _____

Date: _____