



McLeod Community Garden Application

Please complete all questions.

Name

First: _____ Last: _____

Street address _____

City: _____ Province _____

Postal Code _____

E-mail: _____

Phone: _____

Preferred method of contact

- Email
- Phone
- Either is fine

Do you have prior garden experience?

- Yes
- No

If yes, are you willing to be a garden mentor to others in a casual way such as answering questions and assisting others when asked?

- Yes
- No

Will you be interested in having monthly gardening workshops or tutorials?

Yes

No

What days and times could gardening education work for your schedule?

Weekdays

Weekends

Mornings

Afternoons

Evenings

Do you have skill sets that can be helpful to the garden? Ex: carpentry, interest in fixing tools, gardening knowledge?

(Optional) What types of crops do you see yourself growing?

What types of herbs would you like there to be in the communal garden beds?

Are there other perennials or fruiting plants that you would like to see grown in the communal garden spaces?

Signature: _____

Date: _____