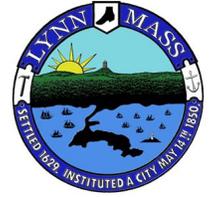


COMMUNITY GARDENER APPLICATION



Submit applications for Ames and Warren Park to:

Lynn Department of Public Works, * 250 Commercial St. * Lynn, MA 01905

Submit applications for Cook Street to:

David Gass, Director of The Highlands Coalition: 781-595-8701 or

dagass22@gmail.com, .

Applications are accepted year-round. Fees for garden plots at Ames and Warren Park are \$25/year. Fees for Cook St. Park are \$50/year. Submit fees (cash or check) when applying; if space is not available, fees will be returned to you.

1. Gardener Name*: _____
2. Gardening Partner Name (if applicable): _____
3. Gardener Phone*: _____
4. Gardener Address*: _____
(must live in Lynn)
5. Gardener email*: _____
6. Are you a NEW gardener or a RETURNING gardener? _____NEW _____RETURNING
7. Choose a garden: _____AMES _____WARREN _____COOK ST.
8. If available, do you want more than one garden bed? _____YES _____NO

****Name, phone, address and email:*** All gardeners are required to share their full contact information to apply. This will be used only for the purpose of garden-related communication and will not be shared.

By signing below, I agree that I have read, understand, and plan to abide by the policies and procedures within the Lynn Community Garden Manual. I understand that neither the City of Lynn nor the City of Lynn Park Commission is responsible for my actions and I agree to hold them harmless for any liability, damage, loss or claim that occurs in connection with use of the garden by me or my guests.

Signature

Date

Return to: Lynn Department of Public Works, * 250 Commercial St. * Lynn, MA 01905

*****Please answer the questions on the back of this application- thank you!*****
Please help us to improve the community gardening experience across Lynn by completing the following questions (*no personal information is shared*):

1. Please check all the descriptions that apply to you, these will help us with garden placement:

- I am a senior citizen and would like a taller bed.
- I am physically disabled and would like a wheelchair accessible bed.

2. Please help us understand when you will use the garden most by listing the primary days and times you will be gardening: _____

3. Are you able to attend 2 or more workdays on Saturday afternoons between April and October?

Yes: _____ No: _____ Need another garden job due to physical limitations: _____

4. Community gardens are led by garden members. Are you interested in learning more about leadership opportunities in the gardens?

Yes _____ No _____

5. Does anyone in your household receive or use any of the following (check any that apply):

- | | |
|-----------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> WIC | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> SNAP/EBT/Food Stamps | <input type="checkbox"/> Hot Meal Program |
| <input type="checkbox"/> Senior Checks | <input type="checkbox"/> Free or Reduced Price School Meals |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Summer Meal Program |

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