

City of Lynn Park Commission
LYNN COMMUNITY GARDENER APPLICATION

1. Gardener Name: _____
2. Gardening Partner Name (if applicable): _____
3. Gardener Phone: _____ Partner Phone: _____
4. Gardener Address: _____
(must live in Lynn)
5. Partner Gardener Address: _____
(must live in Lynn)
6. Gardener email: _____ Partner email: _____

Phone and email: All gardeners are required to share their phone number and email address with garden leaders.

7. Where would you like to garden?
 - Ames Community Garden, Ames Playground (off Strawberry Avenue)

\$25 fee for garden plot will be collected upon garden plot assignment

By signing below, I agree that I have read and understand the City of Lynn Parks Commission and the Lynn Food and Fitness Alliance Gardener Guidelines and plan to abide by all of the garden rules. I understand that neither the City of Lynn Parks Commission nor the Lynn Food and Fitness Alliance is responsible for my actions and 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



*****Please answer the questions on the back of this application- thank you!*****

Return to: Lynn Food and Fitness Alliance c/o Lynn Department of Public Works, DPW * 250
Commercial St. * Lynn, MA 01905 **Questions?** Email: LynnFoodandFitness@gmail.com

Please help us by completing the following questions:

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 3 or more work days 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 any of the following (circle any that apply):
 - WIC
 - SNAP/EBT/Food Stamps
 - Senior Checks
 - SSI
 - Food Pantry
 - Hot Meal Program
 - Free or Reduced School Meals
 - Summer Meal Program

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