



Auburn Community Gardener Application 2022



Name: _____ (Preferred Pronouns: _____)

Names of other gardeners/ kids in your family: _____

Number of people in household _____ Number of minors _____ Are you 60yr+? _____

Address: _____

Phone: _____ Email: _____

Best way to contact you? _____

Communication methods I could/would use for garden communications (check any that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Whatsapp | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Phone call | <input type="checkbox"/> Posted signs at gardens | <input type="checkbox"/> App that sends info & reminders |
| <input type="checkbox"/> Text messages | <input type="checkbox"/> In person at garden times | |
| <input type="checkbox"/> Voice messages | <input type="checkbox"/> Knock on door | Other suggestions? _____ |

Preferred Language/ what languages do you speak? _____

Are you a ? : Returning Gardener New Gardener New to these gardens but I've gardened before

If new, how did you hear about the community gardens? _____

Do you have a preference for a certain garden? (circle preferred garden)

- Webster St. Community Garden (61 Webster St., Auburn)
- Newbury St. Community Garden (88 Newbury St., Auburn)
- Whitney St. Community Garden (115 Whitney St., Auburn)

In general, what days/times are you most available or not available? _____

What garden role would you be willing/able to help with in order to maintain the garden as a shared space?

(Check if you are interested.)

- | | |
|--|---|
| <input type="checkbox"/> help care for border flower beds | <input type="checkbox"/> translator |
| <input type="checkbox"/> fruit tree/fruit bush caretaker | <input type="checkbox"/> track how much food harvested from your garden |
| <input type="checkbox"/> compost caretaker | <input type="checkbox"/> mentor new gardeners |
| <input type="checkbox"/> trash steward | <input type="checkbox"/> promote community gardens to others |
| <input type="checkbox"/> pathway maintainer | <input type="checkbox"/> pest monitor |
| <input type="checkbox"/> help with maintenance/cleaning of tools | <input type="checkbox"/> water keyholder/waterer (for some gardens) |
| <input type="checkbox"/> help with seedlings | <input type="checkbox"/> other roles?such as... _____ |
| | <input type="checkbox"/> Unsure, help me find/choose something |

Do you have any allergies or physical limitations/conditions we should be aware of?

Are there things you'd like to learn more about that would help you with gardening?

Are there things you have knowledge about that you'd like to share?

Would you like more info about.....(please check any that you would like more info about)

- | | | |
|---|---|--|
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Events | <input type="checkbox"/> Youth Opportunities |
| <input type="checkbox"/> Garden Workshops | <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Gleaning |
| <input type="checkbox"/> Cooking Classes | <input type="checkbox"/> Good Food Bus | <input type="checkbox"/> A Second Plot |

By signing below, I acknowledge that I reviewed and agree to the gardener contract guidelines and Covid garden guidelines:

Name

Date

Staff use: -----

- | | |
|--|--|
| <input type="checkbox"/> went over gardener contract guidelines and covid guidelines | <input type="checkbox"/> fee paid _____ cash or ebt or other |
| <input type="checkbox"/> completed demographic info | <input type="checkbox"/> chose garden chore |
| <input type="checkbox"/> signed media release | <input type="checkbox"/> in-garden orientation |
| <input type="checkbox"/> declined media release | <input type="checkbox"/> key given if needed |

Circle plants if you would like us to provide them! We will try to grow or source as many as we can.

Cool-Weather Crops

(You are also welcome to use your own seeds and seedlings)



Onion (yellow)



Onion (red)



Onion (White)



Scallions



Peas (snap)



Peas (snow)



Peas (shell)



Cilantro



Dill



Carrots



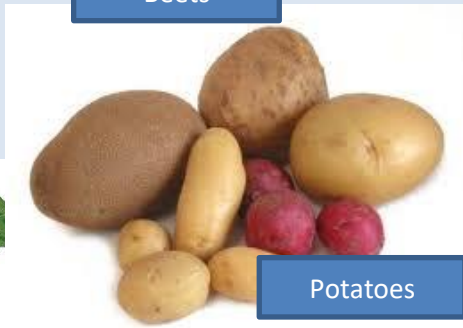
Turnip



Radish



Beets



Potatoes



Lettuce (green)



Lettuce (red)



Spinach



Arugula



Cabbage (green)



Cabbage (red)



Cabbage (chinese)



Chard (green)



Chard (rainbow)



Collards



Broccoli



Cauliflower



Brussels Sprouts



Kale (red)



Kale (green)



Green Bean



Yellow Bean



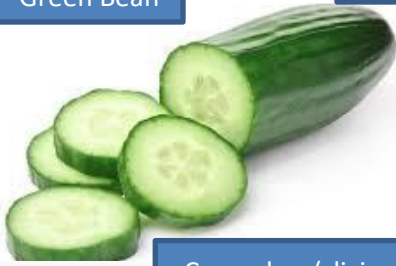
Purple Bean



Dry Bean



Soybean



Cucumber (slicing)



Cucumber (pickling)

Warm-Weather Crops



Summer Squash



Zucchini



Amaranth Leaf



Sweet Potato Leaf



Tomato (small)



Tomato (medium)



Tomato (big)



Tomato (colorful)



Tomato (sauce)



Sweet Pepper



Hot Pepper



Husk cherry



Eggplant (fat)



Eggplant (long)



Basil



Okra



Marigold flower



Nasturium Flower



Sunflower



Sweet Corn



Dry Corn

Consent and Release: Interview, Photograph, Video Recording, and/or Media Postings

Today's Date

2022

Project Description

Community Gardener

Project Type

Covenant Health Sponsored Organization

Interview

Photograph

Video/Audio Recording

This form documents your permission for someone to interview, photograph, video record, and/or audio record you or someone for whom you have the legal right to make decisions. It could be that the local or national news media is interested in doing a story through a newspaper article, radio spot or television feature or it could be that Covenant Health or one of its related entities is interested in preparing a story, a brochure, a presentation, an advertisement or a website posting, including one or more of the Covenant websites. Third party media sites such as YouTube, Twitter, or Facebook may also be used.

1. I understand that I can say no to this request to be interviewed, photographed, video recorded and/or audio recorded and that saying no will not affect treatment, the cost of treatment, or benefits at Covenant Health sponsored organizations.
2. I understand that my name and/or the name of the person for whom I am legally able to make decisions may be used. I also understand that, depending on the nature of the project, picture/video images, voice recordings and details about diagnosis/treatment/hospitalization of me or the person for whom I make decisions may also be used.
3. I have been told how the interview information, photograph, video recording, and/or audio recording will be used and the purpose of the project.
4. I understand that I will not be paid now or later.
5. I give permission for these materials to be used for any and all legitimate purposes, including educating the public, fundraising, or promoting Covenant Health (including use on websites and in presentations) and for use by third party media companies.
6. I understand that the interview information, pictures, video recordings and/or voice recordings become(s) the property of the organization that creates and publishes such items and I give up all rights to these materials.
7. I understand that it is impossible to control the use of pictures, video recordings, audio recordings and interview information once these items are made public, and I understand that Covenant Health has no control over what others may do with them. Various postings may occur on internet websites including YouTube, Twitter, Facebook and so forth. These materials may continue to exist and be accessible in some form in the future.
8. By signing this consent, I release Covenant Health and its sponsored organizations from liability from any claims, costs, expenses and damages that might result from the interview information, photographs, video recordings and/or audio recordings being used.

Name of Person Being Interviewed, Photographed, and/or Recorded *

Age

Address

Telephone Number

E-mail Address

Relationship to Covenant Health

Patient

Resident

Employee

Provider

Other:

Community gardener

Signature of Person Giving Consent

X

If Providing Consent as an Authorized Representative, Print the Name of the Person being Interviewed, Photographed and/or Recorded

Name of Staff Witnessing Consent

Signature of Staff Witnessing Consent

* Please list names of children you give permission to be photographed also

This form is not intended to authorize the release of medical records and does not replace the "Authorization to Release Medical Records" forms in use at Covenant affiliate hospitals, subsidiaries or managed entities.



COVENANT HEALTH

Our Name is Our Promise



Auburn Community Gardens Initiative

Media Authorization and Liability Waiver

Photo and Media Authorization

I (circle one) DO DO NOT hereby give permission to the City of Auburn and the Auburn Community Gardens Initiative to have photographs, video or audio taken of myself and family members. I authorize the use of these photos, video, or audio taken to be used at the discretion of the City of Auburn and Auburn Community Gardens Initiative and partner organizations. This media may be used in education and publicity initiatives to demonstrate the scope and nature of the work of these programs.

Gardener's Agreement and Liability Waiver

I understand the rules for participation in the community garden and agree to abide by these conditions.

I understand that neither the City of Auburn nor the Auburn Community Garden Team is responsible for my actions. I agree to hold harmless the City of Auburn, the Auburn Community Garden Team and the Garden Coordinator from claims or liability in connection with use of the garden by me or any of my guests.

Date _____ Signature _____

Lewiston/Auburn Demographic Information

Certification

Due to some funding sources this garden program receives, certain information is **required** from people who benefit from the program. This information is considered confidential by Maine State Law, and will only be used for the purpose of meeting a program objective to qualify for the grant. If you prefer to turn in this form privately, the Garden Coordinator can help you make arrangements to do so, but the form is required from all gardeners **before** being assigned a garden plot.

1) Number of persons living in your household _____

2) Number of minors (people under 18 years old) living in your household _____

3) Income: Include all money (**wages and benefits**) received by all members of your household. What is your annual income?:

\$ _____ per year.

(If your income is Zero, you will need to fill out an additional form with more information)

4) Are you Spanish, Hispanic or Latino? **YES** **NO**

5) Race	Check which applies for Head of Household
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial	

Date _____

Signature _____

Lewiston and Auburn Community Gardens Community Gardener Expectations 2022

What Lots to Gardens/ Auburn Community Gardens Initiative can offer community gardeners:

- A space to grow food. (Most garden plots are 4ft x 10ft)
- Guidance and tips for organic gardening
- Help accessing seeds and seedlings
- Help with access to water, tools and other supplies
- Regular garden times and occasional workshops or events

What Lots to Gardens/ Auburn Community Gardens Initiative asks of community gardeners:

- I will pay \$10 for the season. (If this might be difficult for you, please contact us).
- I will care for my garden. This includes:
 - Planting (by June 15th)
 - Weeding
 - Watering
 - Harvesting regularly
 - Fall Clean-up (by Oct 15th)
- I will take on an additional role/ garden chore in order to maintain the garden as a shared space.
- I will grow organically, NO CHEMICALS! This means I will not use chemical fertilizers, pesticides or weed repellants in my plot. Before applying anything, even if labeled organic, I will consult with a garden coordinator, who will consult the garden team as needed.
- Any staking/trellising materials or garden decorations I bring in must not contain potentially unsafe or toxic materials (for example no pressure treated wood, chipping paint, or sharp rusty metal). I will consult with garden coordinator **before** bringing materials in. I understand that I am responsible for removing any materials at the end of the season or get approval for improvements to stay at the garden.
- I will be kind and respectful to fellow gardeners. I will not touch other peoples' garden plots unless given permission by that gardener. I will help keep the garden a safe space and work to de-escalate any disagreements.
- I will not smoke or consume alcohol in the garden. I will not bring dogs into the garden. Children cannot come unattended and any children I bring in the garden must stay with me and are my responsibility.
- I will follow all safety and sanitation guidelines.
- I will take an end of season survey to give feedback about the gardens

If I have any questions or any trouble caring for my garden, I will contact:
Bridgette/Lots to Gardens at bbartlett@stmarysmaine.com or (207)513-3871 (call or voicemail) or (207)241-9310 (call, text or voicemail) or Auburn Community Gardens at auburncommunitygardens@gmail.com or (207)200-7101 (call, text or voicemail)

I will let Garden Coordinators know if my contact info changes, or if I'll be away for a period of time. If my garden isn't being cared for and there's no communication, it may be given to someone else.

2022 Calendar for Community Gardeners - starting April 25th

Weekly Community Garden Times for each garden.

KEEP THIS PAGE

61 WEBSTER – Mondays 4-6

88 NEWBURY – Tuesdays 4-6

115 WHITNEY – Thursdays 4-6

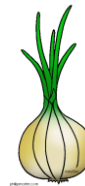
Times will be posted at Gardens by April 25th.

Each community garden will have “open hours” once a week when gardeners are encouraged to meet up and staff will be available to answer questions. (Gardeners can also visit and tend their gardens at any other times that work for them once they are oriented and assigned a plot.)

Late April: We'll be prepping the soil and garden structures.

May: We'll be planting cold-weather crops
(For examples: onions, peas, roots, greens, brassicas)

Early June: We'll be planting warm-weather crops
(For examples: tomatoes, peppers, beans, squash)



Throughout the season: Weed, water and harvest as needed! Watch out for pests or diseases. Pull out dead plants within two weeks of them ceasing to produce and put in the compost pile. Take care of common areas and keep up on your garden chore. Cooperate with other gardeners, have fun, and eat great food!

Fall: Communicate with Garden Coordinators to complete your end of the season survey; let us know when you are done and your plot is ready for winter. Communicate with garden coordinator if you are still harvesting some plants and want to arrange to extend your season. Clean out all weeds and dead crop plants. Plots can be cover-cropped or mulched with leaves. Garlic can be planted in October for harvesting the following July. Some perennial plants (for example chives, oregano etc.) can stay in the garden.

By Oct 15th: Clean your plot before October 15th! (or Contact Garden Coordinator with your plan before this date) to fulfill your community gardener agreement and be eligible to garden in future years.

Any Questions?

Call the Community Garden Line at (207)513-3871 (call or voicemail)

Contact Bridgette at bbartlett@stmarysmaine.com or (207)241-9310 (call or text)

Contact about Auburn Gardens at auburncommunitygardens@gmail.com (207)200-7101 (call or text)

