



Auburn Community Gardener Application



Name: _____ (Preferred Pronoun: _____)
 Names of other gardeners/ kids in your family: _____
 Number of people in household _____ Number of minors _____ Are you 60yr+? _____
 Address: _____
 Phone: _____ Alt. phone: _____ (Email: _____)
 Best way to contact you? _____ Do you want to receive texts? _____
 Preferred Language/ what languages do you speak? _____

Are you a ?:
 1) Returning Gardener or
 2) New Gardener or
 3) 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?

- Webster St. Community Garden (61 Webster St.)
- Newbury St. Community Garden (88 Newbury St.)
- Whitney St. Community Garden (115 Whitney St.- coming spring 2021)

What **days/times** are you most 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.)

- | | |
|---|--|
| _____ help care for border flower beds | _____ translator |
| _____ fruit tree/fruit bush caretaker | _____ track how much food harvested from your garden |
| _____ compost caretaker | _____ mentor new gardeners |
| _____ trash steward | _____ promote community gardens to others |
| _____ pathway maintainer | _____ pest monitor |
| _____ help with maintenance/cleaning of tools | _____ water keyholder/waterer (for some gardens) |
| _____ help with seedlings | _____ other roles? such as... _____ |
| | _____ 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)
- | | | |
|---------------------|-------------------|------------------------|
| __ Volunteering | __ Events | __ Youth Opportunities |
| __ Garden Workshops | __ Farmers Market | __ Gleaning |
| __ Cooking Classes | __ Good Food Bus | __ A Second Plot |

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

 Name Date

Lewiston and Auburn Community Gardens Community Gardener Expectations 2021

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 by assuming best intentions of those around me and working to deescalate any disagreements.
- I will not smoke in or around 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 or (207)240-1910
Auburn Community Gardens at auburncommunitygardens@gmail.com or (207)200-7101
Somali speakers can contact Mumina at (207)344-8646

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.



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

Today's Date _____

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 _____

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 add names and ages of your children on back if we have
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.

Rev. 11/17

Permission to use their photos. Thanks!



**COVENANT
HEALTH**

Covenant Health is a Care Provider



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 _____

2021 COVID Guidelines for Community Gardens

(subject to change as CDC and other recommendations develop)



HEALTH



Do Not Come to the Garden if you are feeling sick or if anyone in your household is sick .

- Please contact your garden coordinator if you aren't feeling well and we will arrange to water/care for your garden as needed. Symptoms could include: coughing, shortness of breath, fever, sore throat etc.
- Gardeners who have been sick can only return to the garden after at least 72 hours with no symptoms

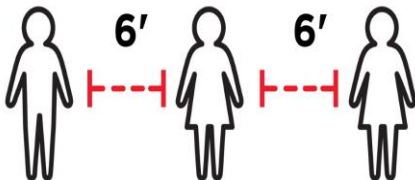
MASKS



Wear a face mask anytime you are in the garden (even if you feel fine, and even if you have been vaccinated!)

- The mask should be worn over your mouth and nose the entire time you are in the garden.
- *If you have respiratory/medical concerns that prevent mask wearing, please communicate about it with your garden coordinator to plan for other precautions.*

DISTANCE



Stay at least 6ft from people who are outside your household

- Number of people in the garden is limited to where 6 ft social distancing can easily be maintained.
- Other household members and children may come with you to the garden if they can follow these safety protocols.

SANITATION



Wash/Sanitize your hands before entering the garden

- Recommended wash/sanitize when leaving the garden, too!

If you have questions, please contact a garden coordinator

Bridgette/Lots to Gardens at 207-513-3871 (voice mail) 207-240-1910 (text or voicemail) or bbartlett@stmarysmaine.com

Auburn Community Gardens at auburncommunitygardens@gmail.com, or 207-200-7101 (text or voicemail).

Mumina can talk to gardeners who speak Somali at 207-344-8646

