

Marysville

NB Community Harvest Gardens Inc (NBCHG)
Membership Application 2017

NOTE: All applicants for NBCHG garden plots must read and agree to follow the NBCHG Gardeners Agreement and Safety Guidelines (please see Membership Handbook)

(All information will be kept confidential)

Name: _____

Address: (street, city, postal code) _____

Phone Number(s): _____ E-mail: _____

In case of emergency, please notify: _____ Relationship _____

Contact phone number(s) _____

For statistical information only (optional)

Your age: under 25 25-34 35-44 45-54 55-64 65+

Occupation: _____ Recent Immigrant (within 5yrs.) First Nations

NBCHG General Annual Membership Fee: New Renewal

\$10.00

NBCHG Annual Garden Plot Fee:

New Gardener Garden Plot 4ft x 15ft - **\$20.00 enclosed**

+ \$ _____

NOTE: - You will be placed on our waiting list – plot assignments begin May 6, 2017

Renewing Gardener – My Plot #(s) _____ @ \$20.00 each enclosed

+ \$ _____

As a non-profit group, we accept donations to support our projects and sponsor gardeners

Donations to NBCHG general funds

+ \$ _____

Donations to sponsor other garden members

+ \$ _____

TOTAL AMOUNT enclosed

\$ _____

I will need assistance to cover my fees

Membership in NBCHG begins January 1st, 2017 until December 31st, 2017.

Cheque made payable to: NBCHG Inc. Drop-off/Mailing address: 16 Lawrence Cres, Fredericton, NB E3A 2H3

My Gardening Experience: None Some Expert

I would like to be matched with a Garden Mentor

Do you have any special needs to be addressed? _____

Sub-Committee Volunteer Opportunities - Please circle your area(s) of interest:

Executive Events Communications Membership Education Community Outreach

Fund Sourcing Growing/Seed Library Other _____

Special skills/knowledge I can contribute to the garden community: _____

please complete other side →

PLEASE COMPLETE, SIGN THIS DOCUMENT AND RETURN WITH PAYMENT

MY RESPONSIBILITIES:

Gardeners lose the privilege of membership for failure to comply with the *Gardeners Agreement and Safety Guidelines* and for failure to maintain a neat, tidy and productive organic garden. Gardeners will receive ample notification of any concerns and reasonable assistance, as deemed appropriate, to deal with any issues raised.

MY VOLUNTEER DECLARATION: *I understand that successful and vibrant community gardens rely on the dedication of each and every gardener to not only maintain his or her own plot & surrounding pathways but contribute to the upkeep and management of the entire garden.*

*I agree to volunteer in the Garden for a minimum of **two hours per month** between **May and October inclusive** doing the following:*

- Maintenance Committee:** *monitor & report garden maintenance issues, schedule & lead general work bees*
- Garden Mentor:** *guide and support new gardeners in the planting & maintenance of their plot*
- Adopt-A-Market-Garden-Row:** *maintain one 2 ft. x 25 ft. row throughout growing season*
- U-PICK-By-Donation:** *guide visitors, measure & record produce picked, collect donations on Saturdays*
- Edible Forest Project:** *help maintain the Edible Forest beds throughout the growing season*
- Compost:** *help maintain garden waste/compost pile*
- Work Bees:** *participate in scheduled general maintenance events*

I am available week-days week-nights Saturdays Sundays Other _____

DISPUTE RESOLUTION: The Executive of NBCHG will be the final arbitrator in issues of dispute.

LIABILITY: I understand that NBCHG Inc. and the owners of the land are not responsible for my actions. Thereby, I agree to hold harmless NBCHG Inc. and the owners of the land for any liability, damage, loss or claim directly or indirectly that occurs in connection with use of the garden by me, my family or any of my guests.

PHOTO PUBLISHING PERMISSION: I agree (disagree) that pictures taken of me or my family at the garden may be used for promotional or educational purposes.

By signing below, I confirm that I have read and agree with the rules and guidelines set out above and in the Gardeners Agreement to ensure the success of our community garden endeavor and to inform myself of safety considerations as outlined in the Safety Guidelines. I understand that failure to follow these guidelines will result in my loss of access to the garden.

Name(print) _____ Signature _____

Date _____

For Use by NBCHG

Plot #

Date App Received

Fees Received

Confirmation Sent

GARDEN MEMBER SURVEY - 2016 Season

GARDENER'S NAME (required): _____

MY COMMUNITY GARDEN LOCATION: ST. MARY'S MARYSVILLE

EDUCATION:

1) Did you attend any of our gardening workshops in 2016? Yes No

If 'No', why? _____

If 'Yes', what information did you find practical and useful?

2) What is the one thing you would like to learn next year?

GARDENING INFORMATION:

3) Why did you want your plot?

4) We would like to install bee hives to encourage pollination. The hives would be maintained privately by the bees' owner. Do you support this? Yes No

If 'No', why? _____

5) What impact has your overall community gardening experience with NBCHG had on the following areas in your life?:

Food, Health & Nutrition

Access to fresh produce	Improved greatly	Improved somewhat	No change
Consumption of local produce	Improved greatly	Improved somewhat	No change
Food Budget	Improved greatly	Improved somewhat	No change
Healthy eating habits	Improved greatly	Improved somewhat	No change
Physical well-being	Improved greatly	Improved somewhat	No change
Mental well-being	Improved greatly	Improved somewhat	No change

Skill Development

Gardening skills & knowledge	Improved greatly	Improved somewhat	No change
Confidence in gardening	Improved greatly	Improved somewhat	No change
Sharing gardening tips with others	Improved greatly	Improved somewhat	No change
Receiving gardening tips from others	Improved greatly	Improved somewhat	No change
Use of organic gardening principles	Improved greatly	Improved somewhat	No change
Eco-friendly habits at home	Improved greatly	Improved somewhat	No change

Social Connections

Knowledge of other cultures	Improved greatly	Improved somewhat	No change
Sense of belonging	Improved greatly	Improved somewhat	No change
New Social Connections/Friendships	Improved greatly	Improved somewhat	No change

6) Is there anything you would like to share about your experience at your NBCHG Community Garden? (Successes? Lessons learned? Stories? Benefits? Likes? Dislikes?)

7) Overall, has your experience at your NBCHG Community Garden been:

Poor Satisfactory Good Excellent

8) Would you recommend your NBCHG community gardening experience to others? Yes No

9) To encourage shared contributions Garden Membership now includes mandatory volunteer hours of two hours per month (12 hours minimum for the year).

Does this impact your decision to renew your membership? Yes No

If 'Yes', why?

10) Any recommendations/suggestions for the NBCHG Executive?

THANK YOU SO MUCH FOR YOUR PARTICIPATION!