

# LYNN COMMUNITY GARDENER INTAKE FORM

## City of Lynn Park Commission

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 to apply.*
7. Which community garden will you participate in? \_\_\_\_\_

**Fee for garden plot will be collected upon garden plot assignment (variable depending on garden.)**

*By signing below, I agree that I have read, understand, and plan to abide by the policies and procedures within the City of Lynn Parks Commission Community Garden Manual. 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 Department of Public Works, DPW \* 250 Commercial St. \* Lynn, MA 01905  
**Questions?** Email: [LynnFoodandFitness@gmail.com](mailto:LynnFoodandFitness@gmail.com)

**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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