



Medford Community Gardens 2015 Application for a Garden Plot McNally Park Garden or Winthrop St. Garden

Instructions: Please complete this form and return to the address or email below.

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Mass in Motion Coordinator
Medford City Hall
85 George P Hassett Drive, Room 311
Medford, MA 02155
smcgivern@medford.org

There is a year \$25 fee for each plot holder, which may be waived at the Friends of Medford Community Garden discretion. Garden Rules and Guidelines will be forwarded after the acceptance process and must be adhered to. It is expect that plot holders will volunteer some of their time to general maintenance of the Gardens. Plots will have a "Use It, or Lose It" policy.

NAME (PRINT) _____

MAILING ADDRESS _____, Medford, MA 02155

PHONE _____

EMAIL _____

WHICH GARDEN(S) ARE YOU APPLYING FOR (Check all that you are willing to accept; only one assignment per family)?

McNally

(Webster St. & Ash St.)

Winthrop Street

(213 Winthrop St., in Condon Shell Park)

CHECK ALL THAT APPLY:

- I do not have any gardening space associated with my residence.
- I have limited, low sun or contaminated gardening space associated with my residence.
- I have participated in a Community Garden in Medford or elsewhere.
What garden? _____ Where? _____
What year(s)? _____
- I have volunteered for a Medford Community Garden.
What? _____ What year(s)? _____
- I have a disability and am interested in having an accessible garden plot. Upon request by the Friends of Medford Community Garden, I agree to provide medical documentation that my disability results in the need for an accessible garden plot.

PLEASE CHECK WHICH TYPES OF ASSISTANCE YOUR FAMILY RECEIVES.
This will be kept confidential.

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> VETERANS' AID | <input type="checkbox"/> SSI |
| <input type="checkbox"/> FUEL ASSISTANCE | <input type="checkbox"/> FOOD STAMPS/ SNAP | <input type="checkbox"/> WIC |
| <input type="checkbox"/> HEAD START | <input type="checkbox"/> TAFDC | <input type="checkbox"/> WELFARE |

I hereby certify that, to the best of my knowledge, the information provided on this form is true and complete.

SIGNATURE _____ DATE _____