

Adopt a Garden Bed Application

By completing this application, I agree to support the mission of the Giving Garden and will follow the Giving Garden Rules every time I am in the Giving Garden. I also understand that while there is no fee to adopt a garden bed, donations of \$10 per month or \$100 per year are encouraged to support the mission of the garden.

The mission of Dayspring UMC's Giving Garden is to grow a sustainable, giving garden.

Dayspring's Giving Garden Rules

1. Gardeners agree to make a donation to Dayspring UMC, in the name of the Giving Garden, in return for their personal use of an assigned garden bed for a calendar year.
2. Gardeners agree to attend the garden meetings/potlucks and participate in a minimum of two community work days per year.
3. Garden beds will be managed using organic standards. Only organic fertilizers, pesticides and herbicides will be used in the garden.
4. Garden beds will appear well-tended at all times. Gardeners must make arrangements to have their bed tended during their vacations/absence. See garden coordinator for resources available.
5. Children are VERY welcome at the garden when accompanied and fully supervised. Please ensure young children don't disturb other garden plots.
6. Keep the garden tidy by picking-up litter, rolling-up hoses, returning common area tools to the shed and locking the shed before leaving.
7. Dead plant material (except tomato plants) will be placed in the compost collection bin, unless diseased or infested with pests.
8. Water conservation practices will be used. Wasting water by allowing water to flow out of a bed is prohibited. Gardeners will report water leaks to the garden coordinator or church office as soon as possible.
9. Gardeners and their guests may harvest produce from their plot only.
10. Illegal activities, including growing illegal plants, are prohibited.
11. Pets, alcohol, smoking, vaping and chewing tobacco are all prohibited.

Applicant Signature

Date

Giving Garden Bed Registration

Name _____ Date _____

Address _____

City _____ Zip _____

Phone (Cell) _____ (other) _____

Requested Garden Bed? _____

Please mark three areas that you would be interested in volunteering with during the season. Each gardener is expected to help during the season with general chores.

Publicity and Outreach

Emails and Newsletters

Construction projects

Irrigation & Plumbing

Winter & Spring Garden Team planting

Composting

Social events

I have read the Community Garden Rules and understand that failure to meet the guidelines will result in loss of gardening privileges.

Signature _____ Date _____