



**The Food Project**

# Build-a-Garden Program Gardener Application

No participant will be discriminated against because of race, sex, national origin, disability, or age.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email (Please print clearly): \_\_\_\_\_

Community Cluster:  I want to be a cluster leader.  Match me with a cluster.

**Home (check all that apply):**

- Individual       Single Parent       Two Parent       Senior Citizen
- WIC participant       SNAP/EBT/Food Stamp participant       Disability

Total # of people in household: \_\_\_\_\_ Total # of children in household: \_\_\_\_\_

**About your residence:**

How long: \_\_\_\_\_ have you lived here? \_\_\_\_\_ do you plan to stay here? \_\_\_\_\_

- Do you (check all that apply):  rent       own your home
- live in public housing       live in a building without yard

How did you hear about The Food Project Build-a-Garden Program? \_\_\_\_\_

Do you have access to the Internet?  yes  no

Have you ever had a garden before?  yes  no      Do you currently have one?  yes  no

Gardens need a minimum of 6 hours of sunlight to be successful. Do you have a space in your yard that gets at least 6-8 hours of direct sun in the summer?  yes  no  not sure

How often can you work in your garden? \_\_\_\_\_

Is there a ready source of water? \_\_\_\_\_

Please share some of the ways you hope this garden will benefit you/your family (check all that apply):

- Spend more time outside       Cook more meals at home       Reduce food costs
- Improve your diet       Eat less fast food       Educate children
- Build relationships with your neighbors

Please return your completed application to:

The Food Project • 555 Dudley Street • Dorchester, MA 02125

email: [buildagarden@thefoodproject.org](mailto:buildagarden@thefoodproject.org) phone: (617) 442-1322 x12 fax: (617) 442-7918

Once this application is received, The Food Project will contact you to schedule a site visit. Payment is due at the site visit. You can also enclose a check with your application, payable to The Food Project. It will not be cashed until you are accepted into the program.

Office Use Only

Cluster Leader: \_\_\_\_\_

Cluster Name: \_\_\_\_\_