



New Start Community Garden Volunteer Application

Applicant Name: _____

Names of any Co-Gardeners: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

DEMOGRAPHIC INFORMATION:

How did you hear about the New Start Community Garden?

- Family or Friend
- From a Current Gardener
- Passing by Garden
- Social Media
- Online/Google Search
- New Start High School Staff/Student

How many people are in your family/household?

What neighborhood do you live in?

What is your preferred language?

What pronouns should we use for you?

GARDEN WAIVER:

Please sign the New Start Community Garden/Weed Warriors Nature Stewards waiver below:

I, the undersigned adult, on behalf of myself and my child(ren) agree to indemnify and to hold New Start Community Garden operated through Weed Warriors Nature Stewards non-profit, its agents, employees and officials, while acting within the scope of their duties, harmless from all lawsuits, causes of actions, demands, and claims, including costs of their defense, arising in favor of myself, my child(ren) participant (if applicable), or third parties, on account of personal injuries, death or damage to property arising out of the activities related to the above program. I give permission for photos/videos taken of me, my child(ren) and my additional gardeners during community garden activities to be used for publicity purposes, without recompense. This agreement will be in effect for the duration of my participation beginning this date.

Signature: _____ Date: _____

For any questions about volunteering, please contact us at: Info@sharkgarden.org