

**Lovin Spadeful
Hermiston Community Garden
Application Form**



PLOTS

Name: _____

Address: _____

Email: _____

Telephone number: _____

Cell: _____

Other: _____

I will volunteer in one or more of the following ways:

- | | |
|--|---|
| <input type="checkbox"/> Weeding & Clipping Pathways | <input type="checkbox"/> Attend Garden Meetings |
| <input type="checkbox"/> Puncture Vine Patrol | <input type="checkbox"/> Help with Outreach Class |
| <input type="checkbox"/> Weed Picnic Area | <input type="checkbox"/> Extra Harvesting |
| <input type="checkbox"/> Clean up shed area | |
| <input type="checkbox"/> Deliver extra items to donation sites (Agape, Senior Centers, Churches, etc.) | |

Check the appropriate items (for data collection purposes):

- I am a senior citizen
- I am physically disabled
- I participate in the WIC program
- My child is enrolled in Head Start
- I am a patient at Mirasol Family Health Center

Please return with \$10 plot fee to:

Umatilla-Morrow Head
Start, Inc.
110 NE 4th Street
Hermiston

FOR OFFICE USE ONLY
Date application received in office:
Payment received: Yes No