

Community Garden Interest Survey

Name:	A	ddress:		
Phone:	E	mail:		
1. Are you interested in participating in a co	ommunity g	arden program?	Yes	No
2. Are you interested in finding out more a	bout comm	inity gardening?	Yes	No
3. Please select which method of growing p	olants you w sed beds			
4. What crops and other plants would you	like to grow	in your garden pl	ot?	
5. How would you use the harvest?				
6. How would you get the materials you ne amendments and mulches, hand tools)?	ed to garde	1 successfully (for	example, seeds,	plants, soil
7. How would you water your garden?				
8. How much time are you willing and able	to spend:			
 Working in your own garden plot?: 	-	/eek:	# Hours/Visit:	
Days/Times:				
 Contributing to shared garden tasks donation plots, coordinating plot reg 		-		tending food
# Days/Month: # Hours/	Task:	-		
Days/Times:				

9. What kind of support and learning opportunities would you need to garden successfully?				
10. What specific skills or knowledge can you contribute to the garden and its programming? (for example: recruiting and organizing members, running meetings, plot registration, fundraising, gardening/horticultural experience, using farm/garden equipment, construction, food preparation, preparing newsletters & event posters, planning educational and social events, etc.)				
11. Which garden committee roles or leadership positions would you be willing to serve in?				
☐ President	☐ Tool & Supply Coordinator			
☐ Plot Coordinator	☐ Communications Coordinator			
☐ Secretary	☐ Fundraising			
☐ Treasurer	☐ Education Coordinator			
☐ Horticultural adviser	☐ Events Coordinator			
☐ Grounds & Workday Coordinator	Other:			
12. What sort of guidelines do you think there should be for gardening in your plot and contributing to				
shared garden tasks?				
13. Please share any other comments or questions about community gardening.				