Community Garden Mentor Application 2017

THANK YOU for your interest in the Community Garden Mentor Program! Before completing this application, please review the information at: www.tinyurl.com/FCGMentorProgram to decide if the program is a good fit. The 2017 training will take place on **February 18 and 25**, from **9:30 am – 4:00 pm** at the Forsyth County Agricultural Building, 1450 Fairchild Rd., Winston-Salem NC 27105.

Please apply by Friday, February 3, 2017. You may apply in one of three ways:

- **Apply online** at http://tinyurl.com/FCGMentorApp2017 - or -
- **Fill out and return this form to Megan Gregory** at Forsyth County Cooperative Extension, 1450 Fairchild Rd., Winston-Salem NC 27105 or gregormm@forsyth.cc - or -
- **Contact Megan at 336-705-8823** and set up a time to fill out the application together. She will ask about your interest in the program and experiences in gardening and community projects.

1. Name: _____

2. Address: _____

3. Email: _____

4. Phone: (home) _____ **(work)** _____ **(cell)** _____

5. How do you prefer to be contacted?

___ Email ___ Home phone ___ Work phone ___ Cell phone

6. Are you able to attend BOTH sessions (9:30 am – 4:00 pm on **February 18 *AND* 25**)?

___ No ___ Yes

7. Do you need Spanish translation? *Please request Spanish translation by Monday, January 23.*

___ No ___ Yes

8. Please indicate any dietary restrictions you have (check all that apply):

___ Vegetarian ___ Vegan ___ Gluten free ___ Other: _____

9. Are you currently involved with a community garden?

___ No ___ Yes – Please specify: _____

10. Please indicate if you would like to mentor a specific garden upon completion of the program, and/or if you are open to being paired with any garden requesting assistance.

___ I am open to being paired with any Forsyth County garden requesting assistance.

___ I would like to mentor a specific garden (specify): _____

Please answer the questions on the second page, too! →

11. How much time can you devote to mentoring a community garden, and when are you available?

# of days/ week: _____ # of hours/ visit: _____

Days/ Times you are available: _____

12. Why do you wish to become a Community Garden Mentor?

13. Please describe your community organizing experience, interests, and skills. List organizing topics and skills you would be comfortable teaching to others.

14. Please describe your gardening experience, interests, and skills. List gardening topics and skills you would be comfortable teaching to others.

15. What additional knowledge and skills would you like to develop in order to be a successful Community Garden Mentor?

16. *"I would like to become a Community Garden Mentor and be accepted into the training program. If accepted, I commit to attending the required training and serving as a Community Garden Mentor for, at minimum, the 2017 growing season (barring an unexpected personal or family emergency)."*

Signature: _____