



Volunteer Application Form: Clearview Community Garden

Please complete the information and provide a copy to the Clearview EcoPark or by email to diane.friendsofecopark@gmail.com or Jaimie.friendsofecopark@gmail.com

Name:	
Parent/Guardian	(if under 17 yrs)
Email address:	
Main phone num	ber:
Address:	
	u available (Please circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday
What tasks are yo	ou interested in helping out with (Please circle as many as you would like):
 Tuesday N Weeding Special Ev A B C C C C<	 Morning or Evening Morning Harvest for the Food Bank: June July August September and Planting, as needed: June July August September vents: arth Day lanitoba Maple Madness arlic Mustard Pull all Harvest /orkshops rt Projects dging/Tilling
Can you use a law	vnmower: YES NO
Are you a high scl	hool student completing "Volunteers Hours": YES NO
	am willing to complete the Clearview Township Volunteer Agreement Form, online Accessibility other orientation prior to starting my volunteer duties. Please initial:
Date:	Signature: