



Garden of Hope - Gardener Coordinator Application

"Cultivating Change, One Life at a Time"

Applicant Information

Full Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Availability

Days Available: _____

Hours Available: _____

Gardening Experience

Describe your gardening experience:

Tools and Skills

List tools you are proficient in using and gardening techniques you're skilled at:

Why Garden of Hope?

Why are you interested in the Gardener Coordinator position at Garden of Hope?

References

Please list at least two references (Name, Relationship, Phone Number):



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1. _____

2. _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Legal Consent

By signing below, I authorize Garden of Hope to conduct a background check. I also give permission for my photo to be used for promotional purposes. I acknowledge that Garden of Hope is not liable for injuries incurred during program activities.

Signature: _____ Date: _____

Please email completed application to: Jcwallerviv@gardenofhopescholarship.org