



Garden Mentoring Interest Form - Mentor

Name: _____
Email: _____
Phone: _____
Address: _____

What is your preferred method of communication _____

Please specify how many mentees you are comfortable communicating with during the growing season? (For example, 1 mentee or 5 mentees) _____

Would you like to mentor year-round or only during growing season? _____

Please described your gardening experience (you may attach additional pages):

By submitting this application, you agree to undergo a background check, and upon clearance of the background check, agree to provide regular support to the garden mentee(s) you are paired with, communicate regularly with them and the program coordinator, log your interactions to submit them at the end of growing season to the program coordinator.

Print Name

Sign Name

Date