

TRINITY EVANGELICAL LUTHERAN CHURCH  
40 West Nicholai Street  
Hicksville, NY 11801

*COMMUNITY GARDEN*

**Volunteer Registration Form**

**Contact Information**

Name:	
Street Address:	
City:	
State:	
Zip Code:	
Home Phone:	
Work Phone:	
E-Mail Address:	

**Availability**

During which hours are you available for volunteer assignments?

- Weekday mornings     Weekend mornings  
 Weekday afternoons     Weekend afternoons  
 Weekday evenings     Weekend evenings

**Interests**

Tell us in which areas you are interested in volunteering (check all that apply)

- Planting  
 Harvesting  
 Weeding  
 Composting  
 Distributing  
 Fund Raising  
 Public Relations  
 General Maintenance

## Gardening Experience

Summarize your previous gardening experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the information I have provided herein is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	