

DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES

Phone: (703)746-5428 Fax: (703)746-4668

James B. Spengler Director

2900-A Business Center Drive Alexandria, Virginia 22314

2024 COMMUNITY GARDEN APPLICATION

Please indicate your residency st	atus:				
I am a legal resident of the City of A	lexandria 🔲 🛮 I am	not a legal res	ident of the City of	f Alexandria 🗆	
APPLICANT NAME:					
	[One applic	ant name only]			
RESIDENCE ADDRESS:				(No P.O. Boxes)	
CITY:		STATE_	ZIP		
PHONE (Preferred): ()					
EMAIL: (required). Failure to provide an email address is considered an incomplete application and will be rejected.					
By submitting this application, I agree to share my email and phone number with the Volunteer Advisory Board for the purpose of distributing information regarding the operation of the Community Gardens or events that may be planned. Computer access and email are required in order to apply for a garden plot. You must also be able to open files in Microsoft Word or Acrobat PDF format.					
Please indicate if you are re-applying or if you are applying for the first time:					
I am re-applying (I was assigned a	plot last year) □				
Plot #(if known)	I am	applying for a	plot for the first	time 🗆	
Half Plot (approx. 150 sq. ft) (only	available at Chin	quapin) 🔲 🛚	Full plot (approx.	300 sq. ft) □	
Gardens: Chinquapin Organic	Gardens	Holmes Ru	ın Community Ga	ardens 🗆	
Rental Fees (Volunteer Opt In):	Resident Full Plot Resident Half Plot		resident Full Plot resident Half Plot	\$120.00 \$ 60.00	
Rental Fees (Volunteer Opt Out):	Resident Full Plot Resident Half Plot		resident Full Plot resident Half Plot	\$240.00 \$120.00	

Do not send payment with your application. If the application is accepted, you will be invoiced for the amount due with instructions as to how to pay.



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Community Garden Volunteer Requirement:

The Community Garden Regulations Agreement states that each gardener is required to perform mandatory volunteer hours each season in order to sustain the lower rental fees. Gardeners may opt out of the volunteer requirement but will be required to pay the higher rental fee. Please see the fee schedule above for more information.

Chinquapin Organic Gardens Holmes Run Community Gardens	4 volunteer hours j 5 volunteer hours j		
Do you wish to opt out of the volunteer requirement? Opt-Out Yes			
Do you wish to serve as a Volunteer	Garden Monitor?	Monitor Yes □	Monitor No □
Responsibility:			
Assignment of each garden plot will be form, and who provides payment in the assigned plot throughout the gardening regulations may request assistance from plot remains with the person to whom accordance with the regulations may be accordance with the regulations may be accepted, and I agree to abide by seasonal garden plot permit. Additionate that it is filled out completely and accepted accepted accepted and accepted accepted accepted and accepted accepted accepted and accepted accepted accepted accepted and accepted ac	ne same name. Any gaseason in accordance of another gardener. It is assigned. Any poe re-assigned by the unity Garden Plot For all of the current rulally, I have reviewed urately; I understand application to be deni	Ardener who is unable with the current responds that is not maint City without reimburs. After mes and guidelines if my application care that incomplete applied. I also understand	le to maintain the ules and nsibility for the ained in arsement. y application has I am awarded a fully to ensure lications or
SIGNATURE:		DATE:	
(Emailing your s	application is your e	electronic signature)



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Hold Harmless Agreement:

In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting gardening and other programs and allowing the gardener to participate in such programs, the undersigned realizing the risk of injury attendant to such programs, to the extent permitted by law, does hereby and forever discharge the City of Alexandria, Department of Recreation, Parks and Cultural Activities and its officers, agents, and employees from any and all action, claims or liability resulting from or arising out of or based upon and bodily injury or property damage which may be sustained by the undersigned or the undersigned's child while participating in such programs.

SIGNATURE:	DATE:
-	

(Emailing your application is your electronic signature)

Return this completed form to the City Representative (Department of Recreation, Parks and Cultural Activities), by mail, email or in person at the address below:

Maureen Sturgill

Recreation Manager
Park Operations, Dept. of Recreation, Parks and Cultural Activities
City of Alexandria
2900-A Business Center Drive
Alexandria, VA 22314

Office: 703.746.5428 Cell: 571.255.0561 Fax: 703.746.4668

Email:

RPCAgardens@alexandriava.gov maureen.sturgill@alexandriava.gov

^{*}Gardening without a permit may be considered trespassing.