

Hamilton Crescent Community Garden Registration 2023

****Please print clearly****

Name: _____

House# _____ or Apartment #: _____

Phone number: _____ Email: _____

Number of people over 18 in your home _____ Number of people under 18 in your home _____

Will you need help to plant your garden? **Yes** **No**

Registration: Please select 1 option:

- I would like to register for a Community Garden Plot
(Plots are assigned on a first come, first serve basis)
- I would like to register for a raised garden bed
(There are 10 available on a first come, first serve basis)
- I agree to the attached regulatory guidelines attached including the fact that I will maintain my garden bed and plot and advise the Seaway Valley CHC if I feel I can not maintain it this summer

**To register please sign and return both the
registration form and agreement by April 22nd, 2022**

Please mail or email your registration form back to:
Seaway Valley Community Health Centre
353 Pitt Street
Cornwall, ON K6J 3R1

**For more information, please contact Linda Rodgers at:
Tel: (613) 930-4892 ext. 113 // Email: rodgersl@seawayvalleychc.ca**



Welcome to the Hamilton Cr. Community Garden!

Let's work together so that everyone can enjoy their gardening experience this summer. Community gardens flourish when we work to build a sense of community, trust and mutual respect.

With your help, we can continue to grow this program and add fun activities and events for families to enjoy!

By registering as a community gardener, I understand and agree to the following:

- I will participate in helping to prepare the garden for planting day to the best of my ability
- I will supervise any children under my care that visit the garden
- I will not bring my pet into the garden area
- I agree to take care (weed, trim, harvest) of my assigned garden plot. I will promptly weed and dispose of any weeds, overgrowth, or other waste in the garbage bin (not the composter). I will dispose of my own garbage.
- I will respect nature and garden organically without pesticides or chemical fertilizer
- I will respect other gardeners' plots. I will not pick vegetables, fruit or flowers from my fellow gardeners unless given permission to do so
- I will garden cooperatively and respect my neighbours and fellow gardeners
- I will use garden tools in a safe and thoughtful manner and will take care of and return any tools that are loaned to me
- I will replace the hose after each use and take care of shared tools and the surrounding property
- I will not abandon my plot. If I can no longer look after it, I will contact the program manager at the Seaway Valley CHC (Linda Rodgers 613-930-4892 ext. 113)
- I will clean up my garden plot at the end of the season (remove and properly dispose of plants and weeds)

Socio-Demographic Information

We collect social information from program participants to find out **who we serve** and what **needs our clients have**. We also use this information to understand client experiences and outcomes.

DO I HAVE TO ANSWER ALL THE QUESTIONS?

YES - The questions **are voluntary** but if you prefer not to answer a question(s) we ask that you choose '**Prefer not to answer**'.

WHO WILL SEE THIS INFORMATION? It is completely confidential.

This information will be combined with data from all of our clients and no one will be able to identify any of the clients. **In other words your name will not be associated with the data collected.**
We collect the information for data analysis.

Date form completed: ____/____/____ Name: _____
month day year

What language do you feel most comfortable speaking in with your health care provider? (check one only)

- | | | | |
|--|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> French | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> ASL | <input type="checkbox"/> Hindi | <input type="checkbox"/> Serbian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Slovak | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Italian | <input type="checkbox"/> Somali | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> Karen | <input type="checkbox"/> Spanish | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Nepali | <input type="checkbox"/> Tamil | |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Tigrinya | |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Turkish | |

What is your gender? (check one only)

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Trans (female to male) | <input type="checkbox"/> Other (please specify)
_____ | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Intersex | <input type="checkbox"/> Trans (male to female) | | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Male | <input type="checkbox"/> Two spirit | | |

What is your sexual orientation? (check one only)

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other (please specify)
_____ | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Queer | | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Heterosexual (straight) | <input type="checkbox"/> Two spirit | | |

Which of the following best describes your racial or ethnic group? (check one only)

- | | |
|--|--|
| <input type="checkbox"/> Asian-East (eg. Chinese, Japanese, Korean) | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Asian-South (eg. Indian, Pakistani, Bangladeshi) | <input type="checkbox"/> Middle Eastern (eg. Egyptian, Iranian, Lebanese) |
| <input type="checkbox"/> Asian-SouthEast (eg. Malaysian, Filipino, Vietnamese) | <input type="checkbox"/> White-European (eg. English, Italian) |
| <input type="checkbox"/> Black-African (eg. Ghanaian, Kenyan, Somali) | <input type="checkbox"/> White-North American (eg. Canadian, American) |
| <input type="checkbox"/> Black-Caribbean (eg. Barbadian, Jamaican) | <input type="checkbox"/> Mixed Heritage (eg. Black-African & White-North American) (please specify)
_____ |
| <input type="checkbox"/> Black-North American (eg. Canadian, American) | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Indian-Caribbean (eg. Guyanese with origins in India) | |
| <input type="checkbox"/> Indigenous/Aboriginal | |
| <input type="checkbox"/> Inuit | |
| <input type="checkbox"/> Latin American (eg. Argentinian, Chilean, Salvadoran) | |

Do you have any of the following? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Mental illness _____ | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Physical disability | <input type="checkbox"/> None |
| <input type="checkbox"/> Drug or alcohol dependence | <input type="checkbox"/> Sensory disability
(eg. hearing or vision loss) | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Learning disability | | <input type="checkbox"/> Prefer not to answer |

