|  |  |
| --- | --- |
| C:\Users\VPACAD~1\AppData\Local\Temp\forjustine-2.png  **Kitigànensag**  **is a project of the**  **Graduate Students’ Association**  Local 78, Canadian Federation of Students  600 University Centre  Carleton University  1125 Colonel By Dr.  Ottawa ON K1S 5B6  (613) 520-6616  *garden@gsacarleton.ca* | **Kitigànensag - Plot Application Form**  **The GSA Community Garden**  Kitigànensag, Algonquin for “little gardens,” is a place for students, staff and faculty to come together to grow and enjoy healthy, socially just, and sustainable food. All members of the Carleton community are invited to apply.  The garden is located at the southeast corner of the Nesbitt building, beside the River field (where the GSA softball league is held). Plots will be ready for planting in May 2016, and the average plot size is 4 by 6 feet.  We aim to accommodate as many participants as possible. Volunteers who helped construct the garden will be given preference.  Successful applicants must be in the Ottawa area and commit to maintaining their garden plot beginning in May and continuing through September at a minimum (the garden will remain active through October). The Carleton community garden is a place of mutual respect and cooperation. If you cannot properly maintain your garden plot (weeding, pruning and cleaning) then you will not be eligible for plots in subsequent seasons.  Plots will be filled on a first come first serve basis. Applications can be submitted in hard copy to the GSA office or via email at garden@gsacarleton.ca. |

**The following pages are to be completed by the applicant(s), please print legibly:**

|  |  |  |
| --- | --- | --- |
| Personal Information |  |  |
| FULL NAME | STUDENT NUMBER (IF APPLICABLE) | | |
| LOCAL STREET ADDRESS | CITY | | |
| PROVINCE | POSTAL CODE | | |
| PHONE | EMAIL ADDRESS | | |

*2.* Will you be gardening your plot alone, or will you be sharing the plot with one or more people?

☐Alone ☐ With one or more people

3*.* a) If you are applying as a solo gardener, would you be interested and willing to share a plot?

☐Yes ☐No

**This Box For Office Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE RECEIVED | RECEIVED BY OA | STAFF REVIEWER | CG-16 # |
| COMMENTS | |

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b)If more than one person will be tending the garden plot, please fill out the co-applicant(s) section below:

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Applicant 1 |  | | |
| FULL NAME | STUDENT NUMBER (IF APPLICABLE) | | | | |
| LOCAL STREET ADDRESS | CITY | | | | |
| PROVINCE | POSTAL CODE | | | | |
| PHONE | EMAIL ADDRESS | | | | |
| Co-Applicant 2 | |  |  | |
| FULL NAME | STUDENT NUMBER (IF APPLICABLE) | | | | |
| LOCAL STREET ADDRESS | CITY | | | | |
| PROVINCE | POSTAL CODE | | | | |
| PHONE | EMAIL ADDRESS | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Applicant 3 | |  |  |
| FULL NAME | STUDENT NUMBER (IF APPLICABLE) | | | |
| LOCAL STREET ADDRESS | CITY | | | |
| PROVINCE | POSTAL CODE | | | |
| PHONE | EMAIL ADDRESS | | | |

\* In cases of more than 3 co-applicants, include additional applicant information under item 9 below.

4. a) Please identify the status of all applicants in relation to Carleton University. *(Check all that apply)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Undergraduate Student | Graduate Student | Staff | Faculty | Other (i.e. community member) |
| Applicant | ☐ | ☐ | ☐ | ☐ | ☐ |
| Co-Applicant 1 | ☐ | ☐ | ☐ | ☐ | ☐ |
| Co-Applicant 2 | ☐ | ☐ | ☐ | ☐ | ☐ |
| Co-Applicant 3 | ☐ | ☐ | ☐ | ☐ | ☐ |

b) If you identified an applicant as 'Other', please provide details on their connection to the Carleton University community:

|  |
| --- |
|  |

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5. Do you or your co-applicant(s) require accommodations, such as a wheelchair accessible plot?

☐Yes ☐No

If Yes, please provide details:

|  |
| --- |
|  |

6. Did you or your co-applicant(s) volunteer in the construction of the GSA Community Garden?

☐Yes ☐No

7. I and my co-applicant(s) understand and accept that all participants in the GSA Community Garden Program will be required to sign a detailed liability waiver and code of conduct agreement:

☐Yes ☐No

9. Please provide any additional comments or information:

|  |
| --- |
|  |

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