



## Program Application

Thank you for your interest in We DiggIt Urban Gardens Program! The purpose of this form is to gather basic information about your garden needs and to determine if you qualify for our program. Your information will be kept confidential and will only be shared within our network.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (Please print clearly): \_\_\_\_\_

Primary Language (circle): English Spanish Hmong Other: \_\_\_\_\_

### Questionnaire:

1. Do you have an outdoor space at your home that receives at least 6 hours of sunlight per day and can accommodate a 4 x 8 garden bed? (circle)  Yes  No
2. Do you own your own home?  Yes  No
  - a. If not, do you have written permission to garden?  Yes  No
3. How much gardening experience do you have?  Brand new  Some experience  Master gardener
4. How many people live in your household? \_\_\_\_\_
5. Approximately how much do you spend on groceries each week? \_\_\_\_\_
6. How many times per week do you eat/prepare fresh fruits and/or veggies? \_\_\_\_\_

### Program Requirements:

7. Are you committed to growing vegetables, herbs, and fruit in your garden bed this year?  Yes  No
8. Are you prepared to commit to regularly work to maintain your garden?  Yes  No
9. We require each participant to attend a free Gardening 101 class to assist you in getting started. Which days and times work best for you? (circle the best option)  
Days: M Tu We Th Fr Sa Su  
Times: AM (8am -11am) / Afternoon (11am -4pm) / Evenings (5pm-7pm)
10. Are you physically able to participate in the installation?  Yes  No
11. Are you committed to recruiting 3 to 5 people to assist in your garden installation?  Yes  No
12. Which days and times are you available for your installation?  
Weekday mornings?  Yes  No  Unsure  
Weekday afternoons?  Yes  No  Unsure  
Weekday evenings?  Yes  No  Unsure
13. After your garden installation, you will receive support visits to assist with gardening needs, supply

materials (if needed), answer questions and provide assistance. Are you committed to scheduling the follow-up support check-ins? Yes No

14. Will you complete a survey summarizing your experience to assist us in strengthening our program for future participants? Yes No
15. How did you hear about this program? \_\_\_\_\_

Please tell us why you wish to receive a garden from us.

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Please return your completed application to:

The Yisrael Family Farm  
We Diggitt Urban Gardens  
PO Box 245436  
Sacramento, CA 95824

Email: [garden@yisraelfamilyfarm.net](mailto:garden@yisraelfamilyfarm.net)  
phone: (888) 487-9494  
fax: (888)-487-9494

You may also complete your application online at:

[www.yisraelfamilyfarm.net](http://www.yisraelfamilyfarm.net)

