



Seed to Supper Application

Seed to Supper is a comprehensive beginning vegetable gardening curriculum designed for adults gardening on a budget. The beginning gardening course gives novice gardeners the tools they need to connect with others in community, grow in confidence and successfully grow a portion of their own food on a limited budget. In order to get started, we need a little information about you.

Contact Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Demographic Information:

We're asking you the following demographic questions so we can better understand how well we are doing in reaching the entire community.

Sex: _____ M _____ F _____ Other _____ Prefer Not To Say

Ethnicity:

_____ Aboriginal/Torres Straight Islander _____ American Indian/Alaska Native

_____ Asian _____ Black/African American _____ Hispanic/Latino/Spanish

_____ Maori _____ Middle Eastern/North African _____ Hawaiian/Pacific Islander

_____ Papua New Guinea _____ Caucasian _____ Other race/ethnicity/origin

_____ Prefer Not To Say

Which of the following best describes your age group?

Under 18 years old 18-24 years old 25-44 years old
 45-64 years old 65 years or older Prefer Not To Say

Which of the following best describes your educational level?

Some high school High School Diploma or GED Some college
 Associate's Degree Bachelor's Degree Master's Degree
 Professional Degree (eg. MD/JD, etc.) Doctorate Degree (eg. ED/PhD)
 Prefer Not To Answer

Which of the following best describes your employment status?

Employed Full Time Employed Part-Time Unemployed
 Self-Employed Full Time Self-Employed Part-Time Retired
 Student Other: _____
 Prefer Not To Say

Have you ever served in the military?

Yes No Prefer Not To Say

Do you have a physical or mental impairment which substantially limits you in one or more major life activity; or have a record of having such an impairment; or are regarded as having such an impairment?

Yes No Prefer Not To Say

How many people live in your household? _____

Participation in Seed to Supper is limited to individuals/households with household incomes at 125% or below of the Federal Poverty Guidelines. Does your household income fall at or below the income limits below, based on your family size? If accepted into the program, you will be required to provide copies of all household income.

_____ Yes _____ No



Gardening Experience

Please tell us a little about any gardening experience you may have (no experience is necessary for this program).

Years of gardening experience _____

Please list any training or work experience in horticulture or related fields _____

Which of the following session times would work best for you? (Select all that apply).

_____ Weekdays

_____ Weeknights

_____ Weekends

_____ Other: _____

Expectations for program participants are as follows:

Program Participants:

- Attend 5-6 session S2S course. (All sessions are free!)
- At completion of course, receive a print copy of the Pennsylvania Seed to Supper curriculum.
- Learn about building healthy soils, planning, planting, caring for and harvesting your garden.
- Enjoy nutritious recipes provided by course facilitators.
- Participate in regular check-ins over the course of the summer growing season and in pre-and post-program evaluation activities.

_____ I agree

Tell us a little bit about why you want to participate in this program.

Applicant Agreements

I understand that the facilitators of Community Partnership, Inc. and Penn State Extension rely upon the active participation and assistance of local volunteers in order to effectively operate the program. These volunteers include, but are not limited to, mentors and speakers. I further understand that the course most effective when participants are willing to freely share experiences and advice with one another during the course of the program. In order to encourage these vital contributions, as well as those of program staff and facilitators, I hereby release, discharge, and hold harmless Community Partnership, Penn State Extension program staff, facilitators, volunteers, and fellow participants from any and all claims, demands, or causes of action that I may hereafter have based upon the advice provided during the program.

_____ I agree

I do hereby give permission to Community Partnership, Inc. and Penn State Extension, its agents, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for promotional, news, research, and/or educational purposes. I hereby release, discharge, and hold harmless Community Partnership, Inc. and Penn State Extension and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video. I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

_____ I agree

All information contained within this application is true and correct to the best of my knowledge.

Signature: _____

Applications should be returned to:

Community Partnership

c/o Sandra Curry

127 South Main Street

Butler, Pa 16001