



The Hershey Company ▪ Milton Hershey School ▪ Penn State Milton S. Hershey Medical Center ▪ Hershey Entertainment & Resorts Company ▪ The M.S. Hershey Foundation

## Hershey Community Garden Application Form

To offer a venue for the development of community networks and social support in Hershey, the various Hershey entities under the Hershey Impact group, have come together to create the Hershey Community Garden (HCG), a project of The Foundation for Enhancing Communities, fiscal sponsor, on the campus of the Penn State Milton S. Hershey Medical Center. This garden will serve multiple purposes, including offering the opportunity for community residents to garden – whether they simply don’t have the space, or are new to gardening and don’t know where to start. A section will also be devoted for philanthropic purposes – the food cultivated in this section will be donated to those most in need in our community. Additional features of this garden include a section allocated for children and hands-on educational programs, and several highly-raised garden plots, designed for those residents unable to bend to ground level.

We believe the HCG offers health and community benefits, including improved nutrition through better access to fresh vegetables and fruits, support of a local food movement, the opportunity for stress-relieving physical activity, a place for communication across cultures using food as a shared experience, and the promotion of the role of public health in improving the quality of life in Hershey.

Apply today to be a part of this exciting new community of gardeners. Applicants must be 18 years of age or older. If more applications than available plots are received, applicants will be selected on a first-come, first-serve basis until the plots are fully allocated. A waiting list will be maintained, if required.

**The Hershey Community Garden is open daily from mid- March to November 15 from sunrise to sunset**

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

Company/Group Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Contact Email \_\_\_\_\_

Plot Size Requested (circle one)      5’x8’      8’x10’      8’x15’      8’x20’

I would like to request a highly-raised bed as I am unable to bend to ground level.

I would like to request a garden next to a friend. Friend’s Name \_\_\_\_\_

*\*Note: We will do our best to accommodate requests, but it is not guaranteed that you will be placed near your friend.*

**Please mark all areas that you would be interested in volunteering:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Common areas and path maintenance | <input type="checkbox"/> Fall Cleanup           | <input type="checkbox"/> Educational programs  |
| <input type="checkbox"/> Composting                        | <input type="checkbox"/> Construction projects  | <input type="checkbox"/> Children’s activities |
| <input type="checkbox"/> Common area Spring planting       | <input type="checkbox"/> Phone calls / Mailings | <input type="checkbox"/> Social events         |

**Send completed Application Form to:**

**Patty Wells**  
1035 Peggy Drive, Hummelstown, PA 17036

**Questions? Contact Patty Wells at [patty.wells78@gmail.com](mailto:patty.wells78@gmail.com)**

*Upon approval by the HCG Committee, additional information including a copy of the application with the plot number assignment will be returned to the contact person as listed. The original application will be kept on file by the HCG Committee.*

**OFFICE USE ONLY: Assigned Plot Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ 2/13/15FINAL**