



**PUENTES**

Bridging Sustainable Communities

PMB 463, 4719 Quail Lakes Drive, Suite G, Stockton, CA 95207

**BOGGS TRACT COMMUNITY GARDEN APPLICATION**

**APPLICANT INFORMATION**

Name:		Primary Language:
Date of birth:	E-mail:	Phone:
Current address:		
City:	State:	ZIP Code:

**EMERGENCY CONTACT**

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**SPOUSE INFORMATION IF JOINT APPLICATION**

Name:		
Date of birth:	E-mail:	Phone:

**CHILDREN**

Name	Age	School

**SIGNATURES**

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:



**PUENTES**

Bridging Sustainable Communities

PMB 463, 4719 Quail Lakes Drive, Suite G, Stockton, CA 95207

*PUENTES seeks to connect the members of the community to the land, to growing food and to each other. Its practices emphasize sustainability. By committing to the obligations stipulated below for a one-year period, plot holders are given the opportunity to learn the innovative growing methods used on the farm and a space to put them into practice. **This contract will expire twelve-months after the date it was signed.***

1. Plot holders must pay a fee of \$60.00 per year to participate in the program, due by January 15<sup>th</sup> of every year. Payment plans are available, and will be pro-rated based on when families sign up for a plot.
2. The help of our garden plot holders is crucial to the success of Boggs Tract Community Farm. Each plot holder is expected to volunteer at least 4 hours per month assisting on the farm under the supervision of the Garden Committee. The first Saturday of every month will be assigned as a general farm work day for plot holders to earn their volunteer hours. Plot holders may coordinate with the Garden Committee to perform other tasks if they cannot attend on Saturday.
3. Plot holders are encouraged to attend farm workshops over the course of the year.
4. Boggs Tract Community Garden is supervised by a Garden Committee of at least three family plot holders. The Committee will meet regularly with the Director and/ or PUENTES Staff to help welcome and assist families in their garden tasks and to develop a strong sense of community at the Farm.
5. PUENTES and the Garden Committee will request a family garden plot holder meeting from time to time as needed, and all plot holders are expected to attend at the risk losing their garden plot.
6. Shareholders must maintain their plot year round.
  - The plot must be utilized for growing in all seasons. Due to problems with Mosaic Virus, growing tobacco is prohibited.
  - Growing marijuana is prohibited.
  - Paths around plots must remain clear.
  - Drip irrigation will be implemented to water the plot.
  - No chemicals of any kind (i.e. pesticides, herbicides, fungicides or fertilizer) will be used in the plot.

*I have read and understand this contract. I understand that if I am not able to meet any of these obligations I will lose my plot and be dropped from the program.*

Plot holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Assigned Plot Number: \_\_\_\_\_ (to be assigned by Garden Committee or Staff)



**PUENTES**

Bridging Sustainable Communities

PMB 463, 4719 Quail Lakes Drive, Suite G, Stockton, CA 95207

### Photo and Video Release Waiver

I agree that photographs or video taken of me by PUENTES, its agents or other third parties may be used by PUENTES for purposes that support PUENTES' mission.

I give PUENTES the right to use, publish, display, copy, modify, and distribute such images at any time for use on the Defenders of Wildlife website and in printed and mailed materials.

PUENTES shall not publish my full name or address in connection with an image of me without my consent. However, Defenders may publish the images with quotations provided or submitted by me.

I also acknowledge that my activities as a volunteer may expose me to risks and dangers too numerous to describe, and that I am aware of the nature of the risks and dangers, and that I voluntarily assume all of the risks and dangers inherent in such undertakings.

I agree to fully release, forgive, and discharge PUENTES, its affiliated organizations, agents, or others acting on its behalf, and their heirs, assigns, successors and partners, from any liability for: (i) their use of the images and any blurring, cropping, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur, including without any limitation any claims for libel or invasion of privacy; (ii) any injury to person or property; as well as (iii) any and all claims or liabilities which may arise or result, directly or indirectly, from my activities as a volunteer.

I have read this document and understand it. I agree to the terms of this Agreement freely and voluntarily, and I acknowledge that this Agreement shall be binding upon me and my heirs, legal representatives, and assigns.

I have the right and ability to enter into this Agreement, and to grant the rights and furnish all images submitted by me pursuant to this Agreement.

I am eighteen years of age or older, and, if acting on behalf of a minor, have every right to contract for the minor in the above regard.

Print Name: \_\_\_\_\_

Signature of Volunteer Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature of Parent or Guardian of Volunteer Applicant (if said applicant is less than 18 years old):

\_\_\_\_\_ Today's Date: \_\_\_\_\_



**PUENTES**  
Bridging Sustainable Communities

PMB 463, 4719 Quail Lakes Drive, Suite G, Stockton, CA 95207

## Release and Waiver

I am interested in participating PUENTES Boggs Tract Community Farm. I acknowledge that my activities in and around the farm may expose me to risks and dangers, and that I am aware of the nature of the risks and dangers, and that I voluntarily assume all of the risks and dangers inherent in such undertakings.

I agree to fully release, forgive, and discharge PUENTES, its affiliated organizations, agents, or others acting on its behalf, and their heirs, assigns, successors and partners, from any liability for any and all claims or liabilities which may arise or result, directly or indirectly, from my activities as a volunteer.

I have read this document and understand it. My submission to the terms of this Agreement is my free and voluntary act and deed, and I acknowledge that this Agreement shall be binding upon me and my heirs, legal representatives, and assigns. I have the right and ability to enter into this Agreement, and to grant the rights and furnish all images submitted by me pursuant to this Agreement. I am eighteen years of age or older, and, if acting on behalf of a minor, have every right to contract for the minor in the above regard.

Signature of Volunteer Applicant \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Parent or Guardian (if under 18 years old) \_\_\_\_\_

Today's Date: \_\_\_\_\_

**If you have questions or concerns, please contact:  
Jeremy Terhune at [jterhune@puentesca.org](mailto:jterhune@puentesca.org) or (209) 922-8215**