Garden Revitalization Day
Lake Placid Garden Club

MEMBER REQUEST & GARDEN ASSESSMENT

Thank you for your interest in our Garden Revitalization Program. Our volunteers are committed to helping fellow members restore and beautify their gardens. Please complete this form as thoroughly as possible so we can better understand your vision and determine how we can best assist you.

MEMBER INFORMATION

Name: _____**Address:** _____

Phone:_____ **Email:** _____

ABOUT YOUR GARDEN

What areas of your garden needs attention? (Check all that apply.)

☐ Weeding ☐ Pruning shrubs ☐ Removing overgrown plants ☐ Planting flowers ☐ Mulching
☐ Planting shrubs ☐ Edging beds ☐ Dividing perennials ☐ Removing unwanted plants
☐ General cleanup ☐ Other: _____

Are there any special concerns we should know about?

☐ Steep slopes ☐ Irrigation system ☐ Poor drainage ☐ Bees or wasps ☐ Poison ivy or thorny plants
☐ Underground irrigation, ☐ Lighting, ☐ Invisible fencing. ☐ HOA restrictions

PLANT PREFERENCES

Which do you prefer?

☐ Annuals ☐ Perennials ☐ Shrubs ☐ Native plants ☐ Pollinator-friendly plants
☐ Low-maintenance landscaping ■ No preference

VOLUNTEER ASSISTANCE

Are you physically able to assist the volunteers? ■ Yes ☐ Limited assistance ☐ No

Are you able to contribute toward the cost of materials or provide replacement plants, shrubs, mulch, or other materials?

☐ Yes. ☐ No ☐ Partial ☐ Unsure

Are pets kept on the property?

☐ Yes ☐ No. If yes, can they be secured while volunteers are working? ☐ Yes ☐ No

Is a water source available for volunteers to use? ☐ Yes ☐ No

VOLUNTEER COMFORT

While not required, many members enjoy showing appreciation to our volunteers.
Would you be willing to provide any of the following?

☐ Bottled water ☐ Light snacks ☐ Restroom access ☐ None

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SCHEDULING

What days or times generally work best for you?_____

Is there a deadline or special event you're hoping to have the garden ready for?
☐ Yes ☐ No
If yes please explain _____

Are you willing to allow a committee pre visit to prepare a list of needed supplies and plants?
☐ Yes ☐ No

PHOTOS

Please attach <u>if possible</u> a recent photograph of the garden area(s) you would like assistance with.

Would you be willing to have "before and after" photos taken for the club newsletter, website, or social media? ☐ Yes ☐ No

MEMBER ACKNOWLEDGEMENT

By signing this request, I agree to maintain the revitalized garden to help preserve its appearance and enjoyment for years to come.

I understand that:

- Assistance is provided by volunteers.
- Completion of this form does not guarantee that my project will be selected.
- Project scope will depend on volunteer availability, funding, weather, and available materials.
- The Garden Club reserves the right to modify the scope of work based on safety, time, and available resources.

Member Signature: _____

Date: _____