



Seed to Supper Application

Seed to Supper is a comprehensive beginning vegetable gardening curriculum designed for adults gardening on a budget. This beginning gardening course gives novice gardeners the tools they need to connect with others in the community and successfully grow a portion of their own food on a limited budget. For us to develop the most appropriate training for all situations and to determine if we are reaching most of the population in the community, we need a little information about you. If you prefer to complete this form online, please use the QR code above or this link: https://pennstate.qualtrics.com/jfe/form/SV_cOVOeLjdt4R2UnQ

Thank you for your interest in the Seed to Supper program and for completing this survey!

Contact information:

First Name:	Last Name:		
Phone: () -	Can we send you text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:			
City:	State:	Zip Code:	
Email:			

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

☐ None ☐ Beginner ☐ Intermediate ☐ Expert

2. For which of the following reasons are you interested in participating in Seed to Supper? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Improve your health | <input type="checkbox"/> Improve your nutrition | <input type="checkbox"/> Reduce food spending/costs |
| <input type="checkbox"/> Become more self-sufficient | <input type="checkbox"/> Learn a new skill | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Grow food for your family | <input type="checkbox"/> Connect with your community | <input type="checkbox"/> Another reason, please list: _____ |

3. Do you have access to any of the following potential gardening locations? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Raised bed | <input type="checkbox"/> A small plot of land | <input type="checkbox"/> Containers/Large Pots |
| <input type="checkbox"/> Community garden plot | <input type="checkbox"/> Balcony, porch, or driveway | <input type="checkbox"/> Other: _____ |

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

- ☐ Weekdays ☐ Weeknights ☐ Weekends

5. Do you require accommodation for any of the following? (Check all that apply.)

- | | | | |
|----------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Visual | <input type="checkbox"/> Mobility | <input type="checkbox"/> Translation, please list language: _____ |
|----------------------------------|---------------------------------|-----------------------------------|---|

Demographic Information:

☐ Female ☐ Male ☐ Not listed: _____ ☐ Prefer not to answer

6. What is your age? _____ years

7. Have you ever served in the military?

☐ Yes

8. How many people, including yourself, are currently living in your household?

_____ Adults _____ Children ☐ Prefer not to answer

9. Seed to Supper is a beginning gardening course open to individuals living on an income of \$2,500, or less per month per person. Do you feel this describes you? (We do not require proof of income.)

☐ Yes ☐ No ☐ Other: _____

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10. If you are selected for participation in seed to supper, do you agree to:

- Attend all S2S sessions. (6 to 8 sessions)
- Receive a printed copy of the Penn State Extension Seed to Supper Course Book.
- Learn about planning, building healthy soils, 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.

☐ Yes, I agree

☐ No, I do not agree

I understand that the facilitators of _____ (host organization) and Penn State Extension rely upon the active participation and assistance of local volunteers to effectively operate the program. These volunteers include, but are not limited to, mentors and speakers. I further understand that the course will be most effective when participants are willing to freely share experiences and advice with one another during the program. To encourage these vital contributions, as well as those of program staff and facilitators, I hereby release, discharge, and hold harmless _____ (host organization), 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.

☐ Yes, I agree

☐ No, I do not agree

I do hereby give permission to _____ (host agency) 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 _____ (host agency) 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.

☐ Yes, I agree

☐ No, I do not agree

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

Signature: _____ Date: _____

Applications should be returned to:

Master Gardeners of Bedford County
Kay Kring, MG Coordinator
120 West John Street, Suite 2
Bedford, PA 15522
or email: kmk255@psu.edu

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