

Welcome to the Inuvik Community Greenhouse!

Member Orientation Handout 2011

Community Garden Phone: 777-3267

Community Garden Email: inuvikgreenhouse@yahoo.ca

Community Garden Website: www.inuvikgreenhouse.com

Coordinator (May – Oct): Sheena Adams

Coordinator Hours: will be posted on the greenhouse door.

New lock combination: 1 and 2 together, then 3, then 5.

Important Dates

- | | |
|-----------------------|---|
| May 15 | Preparing to Garden Workshop |
| May 25, 7pm | Building Baskets Workshop |
| May 28, 11-2pm | ‘Seedy Saturday’ (Starting Seeds and Building Soil) |
| June 1, 7pm | Proven Winners and Herbs for your Garden |
| June 4 | Grand Opening - Members Plant Sale and Public Plant Sale |
| June 15, 7pm | World Cafe Style - Garden Dialogue |
| June 25 | Make a Tufa Pot Workshop |
| July 16 | End of the Vine Green‘House Party’ |
| August 11 | Fall Fair Competition Deadline |
| August 13 | Fall Fair |
| September 24 | Members End-of-Year Meeting / Closing Work Bee |
| October 1 | Anticipated Closing Day |

Membership Responsibilities

Annual Membership Fee: \$25 per person/family

Plot Fee: \$50 per half plot / \$100 per full plot. For new members, you will receive a half-plot only and the fee is \$75 for the first year.

Volunteer Work: 15 recorded hours or \$15/hour for work not completed (15 hrs x \$15 = \$225)

Please fill out your volunteer hours and deposit them in the book in the main entry area.

Please note that Elders Plots (65+) are free to rent, however the \$25 membership fee still applies. Community Use Plots are rented at half-price (\$25 for a half plot, \$50 for a full plot). No membership fee applies. If there is large demand for these plots, names will be drawn at random on June 1st. Both elders and community plots are exempt from the 15 hours of volunteerism but are encouraged to contribute what they can.

Returning members have until May 21st to reclaim their plot. Unless the coordinator has been made aware of special circumstances, all claimed plots must be active by June 1st or will be given away to the next person on the wait list. The prior owner of that plot will be reimbursed 75% of their 2011 plot fee. The remaining 25% and the membership fee will not be reimbursed.

Please remember that the Greenhouse is a community project: it is ours to care for. If you see something that needs attention, please attend to it yourself or notify the coordinator.

Greenhouse Rules

Inside the greenhouse, please:

No smoking

No consumption of alcohol outside of a licensed event

No dogs (pets)

The Inuvik Community Greenhouse is a PESTICIDE and FERTILIZER-FREE greenhouse (no Miracle-Gro!). If any pesticides or fertilizers are used, they must be 100% organic-based. If you are having trouble with pests, molds, fungi, etc., the coordinator or experienced gardeners will help you. There is also a resource library for all gardening questions in the Community Garden Classroom.

The Inuvik Community Garden Society Membership Contract 2011

As a member, I will:

Sign the liability waiver (over)

Pay my membership and plot rental fees by June 1st

Contribute 15 hours of volunteer work to the ICGS before March 31, 2012

Pay \$15/hour for any volunteer hours that I did not account for

Abide by the ICGS Constitution (copies provided in the resource library)

Clean out my plot and associated shelves and bins at the end of the season; any equipment, etc. I want to keep for the next season will be placed on my plot.

Return my key to a board member to receive my \$20 deposit back.

Ensure that the water taps are turned off and the door is closed behind me if I am the last one leaving the greenhouse.

Ensure that any bins/buckets, tables, etc. on the edge of my plot do not extend more than 2 feet into the centre path.

Manually water my plot using the storage barrels and fill the blue water barrels when they are empty.

Respect other people's plots

Ensure that children under my care are supervised at all times

Keep my plot area tidy, including walkways free of toys, tools, etc.

Dispose of weeds/diseased plants in garbage bins and notify the coordinator of any serious disease or insect problems.

Put my compostable garden waste into the appropriate composter (not leaving it in a wheelbarrow in front of the composter)

put tools and gardening supplies back into their storage spots when I have finished using them.

Not store anything under the new side storage area until deemed safe by the Board.

Member Name: _____ Plot # _____

Membership Dues Paid? yes no

Plot Rental Paid? yes no

Member Signature: _____

Date: _____

Advisement of Risk, Release and Medical Authorization

Please read this form carefully and be aware that in registering for participation in the Inuvik Community Garden Society and its associated activities you are advised of the risks which you may experience as a result of participating. Activities associated with the Inuvik Community Garden Society are such that despite preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injuries such as the following. This list is by no means complete or exclusive, but includes:

- Muscle strain and other muscle injuries
- Foot problems
- Heat stroke or heat exhaustion
- Cuts and bruises

I release all claims which may arise against, and agree not to hold liable the Inuvik Community Garden Society, or its respective members, officers, agents, employees and authorized volunteers, on my behalf as a result of participating in Inuvik Community Garden Society activities.

I further agree to indemnify, hold harmless and defend the Inuvik Community Garden Society and its respective members, officers, agents, employees and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with the activities of the Inuvik Community Garden Society.

In the event of any emergency, I authorize Greenhouse officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Address: _____

Phone: (home) _____ (work) _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: (home) _____ (work) _____

Photographs, digital images, or videotape of myself participating in Inuvik Community Garden Society activities may be used for future promotional, marketing, or media material.

Please circle: Yes No