



GARDEN TEAM FORM

Please return this completed form to:
Grace In Community Church
11269 Broadway, Alden NY 14004

www.AcresOfHopeMinistry.org

____ YES! I want to help with Acres of Hope and feed those in need.

Who are you?

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone: (____) _____ Okay to text message? ____ yes ____ no

Email: _____

What is your level of gardening experience? (*Experience is not required*)
____ none ____ beginner ____ intermediate ____ Master

When can you help?

Please pick 2 time slot from the list below that work best for your schedule. We will divide into teams based on everyone's availability and experience levels. Teams will rotate weekly, so you will only be working every 4-6 week, depending on the final number of volunteers & teams. (*You are welcome to work more if you desire!*)

- ____ Sunday (after service)
- ____ Monday 9:00 a.m.
- ____ Tuesday 6:30 p.m.
- ____ Wednesday 12:00 p.m.
- ____ Friday 2:30 pm.
- ____ Saturday 9:00 a.m.
- ____ Saturday 6:30 p.m.

If none of these times works for you, please list a few times that do work best for you:

_____ (we will try to accommodate if possible)

