Signature:

(Individual or Main Contact)

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2199 | 1-800-264-1094 | www.uaccm.edu

ADOPT-A-FLOWER-BED PROGRAM **APPLICATION**

Name of Adopting Group or Individual:	
Ma	ain Contact Name: Main Contact Phone Number:
Ma	ain Contact Email Address: Number of Volunteers:
HIC	ower Bed Preferred: (Options available from Allen Holloway, call 977-2031)
PF	ROGRAM GUIDELINES
sin	lunteering is open to individuals and groups who support the campus. If you or your group chooses to participate, nply select a bed from the options provided, complete the application and return it to the Physical Plant Director. Once proved, you will work with Susan Pardee to select the appropriate plants.
1.	Once plants are selected and approved, the Physical Plant Director will arrange to purchase the necessary plants, and notify you of their arrival. Plants are normally ordered twice each semester.
2.	Volunteers are encouraged to work in pairs or as a group for safety purposes. They are also required to supply their own basic tools.
3.	You may contact the Physical Plant Director for assistance with trash removal or to report vandalism or broken equipment.
4.	You and/or your group are responsible for the initial planting. You are also responsible for removal of weeds and grass that may come up in your assigned bed.
5.	During hot weather and dry periods, volunteers should make arrangements to water the bed as needed.
6.	If you or your group decides to stop taking care of your assigned bed, you must notify the Physical Plant Director.
7.	Volunteers who complete one year of service to the program will be acknowledged.
Ph	ysical Plant Director - Allen Holloway - 977-2031
As	sistant - Jennifer Parish - 977-2199
l h	ave read the guidelines and understand that I (my group) must comply with all requirements.

Date:



Rev: 04/10/2017