

Horticultural Therapy Services Application

Detach and return to apply. Call (847) 835-8250 with questions.

Date of application: _____

Name of agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Agency administrator: _____ Phone: _____

If in Chicago, please indicate

Neighborhood Name: _____

Ward Number: _____

Ward Alderman: _____

For Cook County agencies, please provide

Forest Preserve District of Cook County District Number: _____

County Commissioner Name: _____

This application is for

_____ Six-Month Outdoor Gardening Program _____ Year-Round Gardening Program

_____ Six-Month Indoor Gardening Program

What audience does your agency predominantly serve? _____

No. of beds _____ No. of clients served (day treatment) _____

Profit _____ Not-for-profit _____

Is your facility part of a chain of agencies? Yes _____ No _____

If yes, name of "umbrella" organization: _____

Is agency currently accredited? Yes _____ No _____

Accrediting agency: _____

Staff working with horticulture program:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

CHICAGO BOTANIC GARDEN

List any sponsoring agencies connected with this project, such as Mental Health Association, Council for Aging, etc.:

Organization: _____ Contact person: _____ Phone: _____

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In what department would the Horticultural Therapy Program take place? _____

Describe current program content of that department: _____

What are your goals for the program? _____

What are your goals for the individuals you serve? _____

Do you have an existing garden area? If yes, please describe. _____

How did you learn about our horticultural therapy program? _____

Please include a copy of your most recent Annual Report.

Who prepared this application?

Name

Position

Phone

Any misrepresentation of the facts in this application will result in the agency being withdrawn from consideration for a horticultural therapy program with the Chicago Botanic Garden.

Acceptance of your application will be subject to availability of schedule openings and an orientation meeting. You will be notified upon receipt of your application. If accepted, your agency will be scheduled for an orientation interview.

Information exchanged at the orientation meeting will support final acceptance of the contract.

Return completed application to: Horticultural Therapy Services
Chicago Botanic Garden
1000 Lake Cook Road
Glencoe, IL 60022

Questions? (847) 835-8250 or horttherapy@chicagobotanic.org