



# U OF A ADOPT A PLANTER Agreement

Planter will be adopted by: Individual \_\_\_\_\_ Group \_\_\_\_\_ (please check appropriate box - PLEASE NOTE: groups must indicate a Team Leader)

Name of Individual or Team Leader: \_\_\_\_\_ Staff ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**PLEASE IDENTIFY PREFERRED LOCATION BY PLANTER LOCATION NUMBER** found online at [virtualwellness.ualberta.ca](http://virtualwellness.ualberta.ca) – select Active U, Adopt a Planter:

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_ Are you planting floral? \_\_\_\_\_ edible? \_\_\_\_\_ (please check one)

**SELECT OPTION:**

- \_\_\_\_\_ CARE FOR – the adoption of a planter or group of planters planted by Landscape Services. Responsibilities include weeding, dead-heading and general aesthetic maintenance of planter (see Guidelines for a complete list of responsibilities)
- \_\_\_\_\_ CREATE – purchasing plants/edibles, designing, planting, weeding, dead-heading, aesthetic maintenance of planter (see Guidelines for a complete list of responsibilities)

Please note: Planter availability is first come, first served.

I agree to care for/create/maintain the requested planter as outlined by Landscape Services for the upcoming growing season.

Adoptees signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send completed form by e-mail to [org.health@ualberta.ca](mailto:org.health@ualberta.ca), send by fax to 780.492.0798, or by mail to:  
Adopt-A-Flower Planter c/o Organizational Health and Effectiveness, Human Resource Services, 2-60 University Terrace.  
A representative from Human Resource Services will be in contact with you following the application deadline  
to discuss availability and location.*

**DEADLINE for Application is April 30<sup>th</sup>**