



Garden Manager A Monthly Evaluation

Name _____

1. Are you oversighting the HHCG, on planning, planting initiatives, to include soil management, crop succession, pest control, water usage, weeding etc.? and helping working with the harvest distribution team, with the volunteers, and ongoing maintenance to ensure the maximum yield of produce **Yes or No?**

2. Are you coordinating and communicating regularly with the Garden Manager B to ensure that irrigation is installed and monitored and bed preparation and planting are accomplished **Yes or No**

3. Did you also communicate regularly with the Intern Supervisor to ensure that all produce was of USDA quality recommendation (example not too big or damaged), harvested, weighed, washed, and properly stored for distribution on a regularly basis? **Yes or No**

4. Did you work with the HHCG Team Chair to ensure that the harvest was picked and of quality, properly washed weighed, packed to ensure that local food pantries that the produce is harvested and distributed on a

timely basis and if not why? **Yes or No**

5. Did you ensure that the produce harvest and being distributed (good and bad produce, and if bad document the reason) put into the online weekly log that is (shared report online) and report the garden activities and productivity on a monthly basis to the HHCG Team Chair?

6. Did you report to the HHCG Team Chair with all reporting requirements of the HHCG? **Yes or No**

7. Did you Monitor irrigation lines, water usage according to crop needs, Ensure proper water usage, in coordination with the Garden Manager B, County of Halifax, Parks & Recreation Department and the Southern Virginia Botanical Gardens?

8. Did you schedule and oversee clean-up of the HHCG and coordinate equipment maintenance, as approved by the HHCG Operational Team (OT) and make recommendations for additional purchases as needed? **Yes or No**

9. Did you communicate regularly with both the HHCG Team Chair, Garden Manager B, and Intern Supervisor regarding accomplishment of the intern and volunteer duties in the HHCG?

10. Did you ensure that HHCG is well maintained in terms of appearance, weed control, pest management, accessibility and health & Safety issues and if not why? **Yes or No**

11. Did you ensure that all work place health and safety protocols were adhered to and immediately reported any adverse incidents to the HHCG Team Chair, in a timely manner (were incident form field out and turned into the HHCG Team Chair)?

12. Did you prepare a report , a written report of activities, volunteer hours, and distribution amounts, as well as other pertinent information no later than the last day of each month(during the active season April through September) to the HHCG Team Chair via hhcg4you@gmail.com for review at the HHCG Team meetings or Zoom sessions?

13. Do you have anything that you would like to say about your evaluation?

14. What can you do to improve any areas where you are not succeeding and what can the HHCG Team Chair or Operations Team do for you to help you and guide you to navigate through the process(es) to ensure the growing success and distribution for the communities served.

15. Any recommendations for improving the overall operation of the HHCG?

Signature: _____ Date: _____

Signature HHCG Chair _____ Date: _____