

MASTER GARDENER VOLUNTEER PROGRAM APPLICATION FORM

Applications for the 2010 class must be received before December 15th . Even before then, if the class fills up, no more applications will be accepted. So early applications are encouraged.

PLEASE PRINT LEGIBLY

A. Date submitted: _____

Name: _____

Mailing address:

City: _____ State _____ County _____ Zip _____

Telephones: Home: _____ Work: _____ Cell: _____

E-mail address (This is necessary because communication will be via e-mail)

B. GARDENING BACKGROUND (If additional space is needed, please use other side of this page)

1. Why do you want to become a Master Gardener?

2. What are your particular areas of gardening interests?

3. Yes _____ No _____ Are you physically able to do gardening work? If no,

What limitations do you have?

C. NON-GARDENING (If additional space is needed, please use other side of this page)

1. Yes _____ No _____ Are you presently employed? If yes:

Who is your employer?

What do you do?

What is your normal work schedule?

2. Yes _____ No _____ if you are not presently employed, are you actively looking for a job?

3. Yes _____ No _____ Are you retired? If yes:

Who was your last employer?

What type of work did you do? _____

What was your major field of employment (or profession) _____

4. List any special talents you have which could enhance your Master Gardener volunteer activities (such as administrative, speaking another language, teaching, writing, etc.)

5. Yes _____ No _____ Do you have basic computer skills?

D. ATTENDANCE AND PARTICIPATION

1. Yes _____ No _____ Will you be able to attend the entire monthly classes (see schedule)?

2. Yes _____ No _____ Will you be able to participate in all the monthly demonstration garden workdays (see schedule)?

3. Yes _____ No _____ Are you committed to completing at least 75 hours of volunteer service as explained in the Participation Requirements?

4. Yes ___ No ___ N/A ___ if you do not live in Leon County, do you understand that all training and volunteer service activities must be completed in Leon County and not in your home county?

5. I have read and completely understand and agree to the requirements and commitments involved in the Master Gardener program. I would like to be considered for the class which begins in February 2010.

(Signature)

E. REGISTRATION FEE

Submit a check of \$150 made payable to the Leon County Extension Horticulture Fund. This fee covers garden supplies and other class supplies and expenses. Submit the fee with this application.

F. PHOTO

A small current photo of yourself also needs to be sent (head shot passport size is fine.) Applications without a photo will not be considered. The photo helps greatly in us getting to know you in the class.

SELECTION PROCESS AND FOLLOW-UP

Following receipt of your completed application, it will be reviewed. You should be informed of your acceptance into the program within two weeks of our receipt of the application. Please understand that since we are looking for the best prospective volunteers, not all applicants will be selected. If you are not selected, your check will be returned.

APPLICATION SUBMISSION

Return this application fully completed with your check and photo. Mail to:

Master Gardener Application
Leon County Extension of UF-IFAS
615 Paul Russell Road
Tallahassee, FL 32301

If you have questions about the application process, please contact Zulema Wibmer at wibmerz@leoncountyfl.gov or Genice Harris at harrisg@leoncountyfl.gov