

2010 MASTER GARDENER VOLUNTEER APPLICATION

(Please Print)

Name _____

Address _____
Street, P.O. Box or Rural Route State ZIP

Home Phone _____ Business phone _____

As a _____ County resident, I wish to become a Master Gardener Volunteer and would like to be accepted into the Extension training program beginning February 16, 2010 and ending on April 22, 2010. I understand that if accepted into the Master Gardener Volunteer training, I will agree to donate 50 hours of volunteer time (25 of which is to be served in the Extension Office) to _____ County Extension during the 2010 calendar year. I will not use my Master Gardener status to promote a commercial venture.

Signature _____

What kind of horticultural experience have you had?

How many years of horticultural experience have you had? _____

Do you have fruit trees?

Do you have a vegetable garden?

Do you have a flower garden?

Do you have a herb garden?

Do you have a greenhouse?

Do you have houseplants?

Do you know flower arranging?

Have you ever spoken to groups on gardening topics?

Have you ever written an article on plants?

Have you ever done landscape design?

Have you ever done any landscape construction?

What areas of horticulture are you especially interested in?

Please list group affiliations (garden clubs, professional or hobby associations, plant specialty societies, etc...)

What horticultural training have you had? (credit and non-credit courses, workshops)

What volunteer experience have you had?

Please list schools attended and the cities in which they are located.

High School _____

Technical School _____

Degrees earned _____

What is your present occupation? _____

How did you hear about the Master Gardener Program?

Why do you wish to become a Master Gardener?

Please describe the Master Gardener Volunteer Program in your own words.

What type of volunteer work would you most enjoy doing for the Master Gardener Program? Rate each activity below (1 – least enjoy; 5 – most enjoy)

Teaching small groups _____

Teaching large groups _____

Teaching on a one-to-one basis _____

Teaching children 12 and under _____

Teaching teens, 13 to 20 _____

Teaching adults _____

Teaching senior citizens _____

Teaching physically handicapped _____

Teaching workshops _____

Teaching lecture classes _____

Speaking to garden/civic clubs _____

Planning special projects _____

Photographing plants or horticultural activities _____

Organizing and scheduling plant clinics _____

- Answering telephone questions _____
- Making home visits to County residents with questions _____
- Writing articles for Extension newsletters _____
- Writing articles for newspapers _____
- Writing special interest leaflets _____
- Helping with office work _____

Please list times during the next gardening season that you know you will NOT be available for volunteer service (vacation, job, or other regular commitments).

Would you be willing to attend (80 to 100 %) of the training sessions on Tuesdays and Thursdays from 8:30 am to 12:00 pm for nine weeks?

PLEASE NOTE:

Past experience has shown that Master Gardener Volunteers that have jobs with inflexible hours fail to fulfill their commitment of 50 hours of volunteer time. Therefore, if you cannot assure us that you will be able to do your required 25 hours in the office during the daytime hours you will not be selected for this course.

Questions or comments



| | | |
|-------------------------------|------------|-----------|
| <u>OFFICE USE ONLY</u> | | |
| Date received | _____ | |
| Accepted | YES | NO |

GEORGIA MASTER GARDENER

MEMORANDUM OF AGREEMENT FOR NEW MASTER GARDENERS

I wish to become a Georgia Master Gardener and would like to be accepted into the training program beginning February 16, 2010. I understand that my application to this program does not guarantee acceptance into the program and that in some cases there will be more applicants than can be accepted. I understand that if accepted into the Master Gardener Volunteer Training Program, I will agree to donate 50 hours of public volunteer service to _____ County Extension during the 12 months following the training program. I will provide a record of this service at the end of the year. I also understand that in order to remain a certified Master Gardener, I must volunteer 25 hours annually. I agree to pay \$130.00 to cover program materials, and if I am not selected this will be refunded to me. I understand that the Master Gardener Badge is only to be worn in a volunteer capacity and is not to be worn to work or in any moneymaking capacity. I will not use my Master Gardener status to promote any commercial activity or private business. I understand that violation of this policy may cause immediate withdrawal of all certification privileges. I understand that as a Georgia Master Gardener I am a representative of The University of Georgia and as such, discrimination of any kind is not acceptable and could result in immediate loss of certification privileges. I agree that any non-commercial pesticide or cultural recommendations given will be in accordance with published University of Georgia Cooperative Extension Service recommendations. I understand that my first year's dues to the Georgia Master Gardener Association, a separate organization, have been paid for me out of the above amount and that if I wish to continue my membership after the first year, it is my responsibility to renew that directly with GMGA.

County Agent

Applicant Signature and Date