

APPLICATION FOR MASTER GARDENER PROGRAM

Please return application to:

York County Extension Office,
120 North Congress St., York, SC 29745

I wish to become a Master Gardener and would like to be accepted into the training program beginning August, 2009. I understand that if accepted into the Master Gardener Training, I will agree to pay a \$160.00 course fee when accepted and donate 40 hours of volunteer service to the York County Extension Office in 2010/2011.

PLEASE PRINT

NAME: _____

ADDRESS: _____
Mailing Address City State Zip Code

E-MAIL ADDRESS _____

PHONE NUMBER: _____

EDUCATION: _____

PROFESSION: _____

1. Years of Gardening Experience _____

2. List any training you have already received that relates to home horticulture:

3. List organizations, employers that relate to gardening, or similar groups you are affiliated

with: _____

4. Tell about previous volunteer experience.

5. List your hobbies and interests: _____

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

7. What type of programs below most interest you? Circle one of each of the following.

Most Neutral Least

- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | Provide personal consultation for friends or clients on gardening problems. |
| 1 | 2 | 3 | Assist in diagnosis of plant problems. |
| 1 | 2 | 3 | Assist in community garden demonstration plots and exhibits. |
| 1 | 2 | 3 | Assist in community gardening programs. |
| 1 | 2 | 3 | Provide garden talks and demonstrations to community groups, schools, 4-H clubs, etc. |
| 1 | 2 | 3 | Assist in community beautification projects. |
| 1 | 2 | 3 | Assist in writing garden bulletins, newsletters, etc. |
| 1 | 2 | 3 | Assist in judging garden exhibits. |
| 1 | 2 | 3 | Assist with future Master Gardener programs. |
| 1 | 2 | 3 | Assist with assembling displays. |
| 1 | 2 | 3 | Answer telephone questions. |
| 1 | 2 | 3 | Coordinate Master Gardener volunteers. |

B. What types of people would you be interested in working with?

- | | | | |
|---|---|---|-----------------------------------|
| 1 | 2 | 3 | Children - elementary age |
| 1 | 2 | 3 | Youth - Junior/Senior high school |
| 1 | 2 | 3 | Adults |
| 1 | 2 | 3 | Senior citizens |
| 1 | 2 | 3 | Physically handicapped |
| 1 | 2 | 3 | Mentally handicapped |
| 1 | 2 | 3 | Limited income |

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. If you need special accommodations due to a disability in order to participate, please contact the Clemson Extension office.