



Spring 2012 Master Gardener Application

_____ I wish to become a Master Gardener and would like to be accepted into the training program for spring 2012. I understand that if accepted into the program, I will agree to provide at least 30 hours of service to the Master Gardener program during the coming year.

Signed _____ Date _____

Please type or print

Name (as you wish it to appear on nametag) _____

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ (evening) _____ (e-mail address) _____

(Use additional sheets if necessary)

1. Please list any training or experience in gardening or related areas. In what area(s), if any, do you specialize (e.g. vegetables, roses, and herbs)?

2. Why do you wish to take the Master Gardener training?

3. How do you plan to use the training you receive? What type of volunteer projects would interest you?

4. How did you learn about the Master Gardener program?

5. Master Gardener activities span a broad range of community service. If you are selected as a Master Gardener trainee, what times during the coming year would you not be available due to personal, job or other commitments?

6. Please rate your expertise in the following areas. Use 1=experienced, 2=know a little, 3=none
- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Houseplants | <input type="checkbox"/> Herbs | <input type="checkbox"/> Trees |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Fruits | <input type="checkbox"/> Perennial flowers |
| <input type="checkbox"/> Lawns | <input type="checkbox"/> Shrubs | <input type="checkbox"/> Annual flowers |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Insects | <input type="checkbox"/> Plant diseases |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Fertilization | <input type="checkbox"/> Home greenhouses |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Organic gardening | <input type="checkbox"/> Roses |

7. Please describe any previous volunteer or teaching experiences.

8. Please list any special skills (computer, art, writing, photography, etc.) which may be useful to Master Gardener program development.

9. What kinds of volunteer projects would be the least comfortable for you to do?

10. What do you feel are particular concerns and needs of home gardeners?

Please return this application and a check for \$135.00 to:

Kent Shannon
 Natural Resource Engineer
 Boone County University of Missouri Extension Center
 1012 N. Highway UU
 Columbia, MO 65203
 573-445-9792, ext. 310
 Fax: 573-445-9807

Please make the check payable to the Boone County Extension Council.

If you are a member of the Friends of the Mizzou Botanic Garden you will receive a discounted rate of \$110.00 for the course. For information on the Friends of the Mizzou Botanic Garden go to:

<http://gardens.missouri.edu>