

APPLICATION FOR MASTER GARDENER TRAINING

I would like to become a Master Gardener and would like to be accepted for the training program beginning Tuesday, March 3rd, 2009 at a location in NW MO. I agree to donate 30 hours of volunteer service to approved horticulture programs during the following one-year period.

Name _____ Phone _____ County _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Tell us about yourself

1. Please list any formal or informal horticulture training you have had: _____

2. Describe any experience you have had with gardening: _____

3. Place a checkmark beside the volunteer activities you would feel most comfortable performing:

- () answering gardening questions over the phone or electronically () maintaining demonstration gardens
() giving gardening presentations to neighborhood groups () helping with community and group gardens
() working with youth gardening () other _____

4. Please describe any present / previous volunteer or teaching experiences: _____

6. Where did you first learn about the Master Gardener Program? (Please be specific) _____

Signature _____ Date _____

Fee for 30 hours of training, includes course material: \$95.00 per person/ \$165 per couple (couple registration only receives one copy of the course material). Make checks payable to University of Missouri Extension. **A minimum of 10 people are needed to be able to offer the training.**

Please return this application no later than February 24th, 2009 to: Master Gardener Volunteer Training Program, Buchanan County University of Missouri Extension, 4125 Mitchell Ave., St. Joseph MO, 64507.