

APPLICATION FOR MASTER GARDENER TRAINING

I would like to become a Master Gardener and would like to be accepted for the training program beginning Thursday, March 8, 2012 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 _____

Preferred Training Site: (circle one)

Bethany, Chillicothe, Plattsburg,

or St. Joseph

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 training, including 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 March 2, 2012 to: Master Gardener Volunteer Training Program, Buchanan County University of Missouri Extension, 4125 Mitchell Ave., St. Joseph MO, 64507.