



2007/08 Phelps County Master Gardener Volunteer Enrollment Form

Please complete this application yearly if you plan to be active in the Phelps County Master Gardeners Program. This will help keep our records current. Thank you.

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

E-mail: _____ Years as a MG Volunteer: _____

Year of Training: _____ State/County of Training: _____

Are you willing to answer calls from county residents on the MG hotline from home? _____

Gardening area of expertise or special interest:

Master Gardener Offices and/or Committees:

Please return to the Phelps County University of Missouri Extension Office, 200 North Main, Rolla, MO 65401 by September 1, 2007.

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