



## Application to the Master Gardener Volunteer Program

*Your Experts for Life*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of application \_\_\_\_\_

Phone: home \_\_\_\_\_  
work \_\_\_\_\_

If employed, where  
\_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Emergency contact – name and phone \_\_\_\_\_  
- relationship (i.e. spouse) \_\_\_\_\_

Email \_\_\_\_\_

Education (number of years, i.e. 12 = high school graduate) \_\_\_\_\_

Work experience (mark all that apply)

- Management
- Maintenance
- Computer programming/technology
- Clerical
- Fundraising
- Care giver
- Drafting

- Design
- Creative writing
- Instructor
- Accounting
- Artist
- Public relations/marketing
- Other \_\_\_\_\_

Volunteer Experience (mark all that apply)

- Management
- Maintenance
- Computer programming/technology
- Clerical
- Fundraising
- Care giver
- Drafting
- Design
- Creative writing
- Instructor
- Accounting
- Artist
- Public relations/marketing
- Other \_\_\_\_\_

Gardening experience (mark all that apply)

- annuals/perennials
- vegetables
- woody ornamentals
- fruits
- landscape design
- turfgrass
- other (specify) \_\_\_\_\_

How did you learn about the Master Gardener Volunteer program? (friend, newspaper, radio, county agent, other)

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Why do you want to become a Master Gardener Volunteer?

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Interests to share as a volunteer (mark all that apply)

This provides us information about how you plan to spend some of your volunteer time. Select those topics you are already prepared to share and those you plan to learn more about for later sharing.

- Wildlife

- Basic horticulture
- Herbs
- Gardening with/for wildlife
- Composting/soils
- Vegetables
- Fruits
- Garden ponds
- Shade gardening
- Water quality
- Garden design
- Perennials
- Annuals
- Woody ornamentals
- House plants
- Pest management/control
- Turfgrasses
- Plant diagnosis
- Native plants
- School yard gardens
- Community gardens
- Horticulture therapy
- Organic gardening
- Pruning/maintenance
- Administrative assistance
- Public relations/marketing
- Other \_\_\_\_\_

Describe other ways you plan to share the knowledge gained through the Master Gardener program (be brief)

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Have you ever been convicted of a felony? \_\_\_ yes \_\_\_ no

Please print this form. Read the following four statements. If in agreement, verify by your signature below.

- I understand that class space is limited.
- If accepted to the program, I agree to donate 40 hours of volunteer time to the Alabama Cooperative Extension System as a Master Gardener Volunteer.
- I understand there are other application documents requiring my signature (Memo of Agreement and Liability Statement). These two remaining documents can be obtained at the local Alabama Cooperative Extension System office.

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Signature