



**Application to the Master Gardener Volunteer Program**

Date: \_\_\_\_\_

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

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Which class time would you prefer? \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_ Either

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

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

Have you applied to the Master Gardener Program before? Yes No

When (approximate year if not known)? \_\_\_\_\_

Volunteer experience – describe:

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Work experience or other skills in working with people – describe:

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Gardening experience or interest – describe:

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Please describe any gardening affiliations you may have. \_\_\_\_\_

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How did you learn about the Master Gardener Volunteer Program?

Botanical Gardens contact

Master Gardener

Friend

Newspaper

Radio

County agent

Other \_\_\_\_\_

Give some examples of the gardening volunteer interest you have and how you would like to fulfill your volunteer commitment. (For example: "I want to work with the local schools outdoor classroom" or "I want to work at the botanical gardens")

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Would you be willing to make presentations to various groups such as garden clubs or school children?

Yes \_\_\_\_\_ No \_\_\_\_\_ Yes if provided with program materials \_\_\_\_\_

Why do you want to become a Master Gardener volunteer? \_\_\_\_\_

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When is volunteer work easiest for you (day of week, time of day, etc)?

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Can you volunteer on some weekend? Never \_\_\_\_\_ Possible \_\_\_\_\_ Likely \_\_\_\_\_

Please list three character references with contact information (print neatly)

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**Taking this course would be a financial hardship and I would like to be considered for a scholarship or partial scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_ (limited scholarships are available)**

Signify an understanding of the following by a check mark.

I understand that class space is limited and submission of application does not guarantee acceptance to the program

If accepted to the program, I agree to donate 40 hours of volunteer time to the Alabama Cooperative Extension System as an Intern Master Gardener Volunteer

I understand my top priorities as an Intern Master Gardener are:

- to assist the Home Grounds Helpline phone answering during for a minimum of 20 hours.
- to assist with 4-H activities

These two priorities will be explained to me before starting the training program.

I understand there is another document requiring my signature and it is required for my official admission into the Master Gardener Program (Memo of Agreement)

Have you ever been convicted of a felony?  Yes  No

(Note: a criminal record does not necessarily disqualify your application.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return Completed Form to: Hanna Center, 2612 Lane Park Road, B'ham, Al. 35223-1802**

Alabama Cooperative Extension System, the primary outreach organization for the land-grant mission of Alabama A&M University and Auburn University, delivers research-based educational programs that enable people to improve their quality of life and economic well-being.

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