

Master Gardener Application

I wish to become a Master Gardener in _____ County. I want to be accepted into the 40-hour Master Gardener training program offered by the University of Arkansas Cooperative Extension Service. I understand that in exchange for the training, I will volunteer at least 40 hours of my time to the Master Gardener program within the next year. I understand that I will become a certified Master Gardener when I complete the training and an examination.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Night Phone _____

Please complete the following

Years of gardening experience _____

Type of gardening experience _____

List areas of specialty or hobbies (e.g. flowers, herbs, ornamentals, etc.)

List experiences working with the community, schools, churches, youth, senior citizens, etc.

Please list group affiliations (e.g. garden clubs, plant societies, etc.)

How did you learn about the Master Gardener Program?

Why do you want to become a Master Gardener?

The Master Gardener training will be held on _____ A \$ _____ Registration fee will cover all supplies. You must complete all five classes to be certified as a Master Gardener.

Comments