

## FLORIDA MASTER GARDENER APPLICATION

(Please print or type)

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### TELL US ABOUT YOURSELF....

1. Have you ever applied to this program before? \_\_\_\_\_ If so, when? \_\_\_\_\_

2. Please check areas in which you have training or experience:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Landscaping    | <input type="checkbox"/> Palms            | <input type="checkbox"/> Vegetable Gardening    |
| <input type="checkbox"/> Retail Nursery | <input type="checkbox"/> Ornamental trees | <input type="checkbox"/> Composting             |
| <input type="checkbox"/> Native plants  | <input type="checkbox"/> Flowering Plants | <input type="checkbox"/> Invasive exotic plants |
| <input type="checkbox"/> Tropical fruit |   |   |

Other: \_\_\_\_\_

3. Please list your garden or plant club/community affiliations: \_\_\_\_\_

4. Which of the following ways would you prefer to fulfill your hours of public service?

You may check more than one area. It is not guaranteed that your service will be in the areas you check.

- Working at regional plant clinics
- Working at the Extension Office answering homeowner calls
- Writing blog articles on special interest topics
- Working with children on school gardens and as a guest speaker
- Working at events staffing a horticulture educational booth
- Giving presentations to community groups and/or other organizations
- Working on current projects of the Horticulture Extension Program

5. Do you have any other ideas or suggestions for volunteer work that would satisfy your public service obligation?

\_\_\_\_\_

6. Please check the times you are **NOT** available for class lectures and/or volunteer activities.

- Mon. - Fri. 8 am – 4 pm       Week nights 4 pm – 9 pm       Weekends 9 am-8 pm

I would like to be accepted into the Florida Master Gardener Training Program. I agree to donate 75 (seventy-five) hours of volunteer service the first year after instruction, and 35 (thirty-five) hours per year to maintain an active Master Gardener status. This service will be coordinated through the UF/IFAS/Monroe County Extension Office. I understand that this application does not guarantee acceptance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_